



Child and Adult Care Food Program Application

Fiscal Year 2011 (October 1, 2010 - September 30, 2011)

Provider Number:

Application type: New Renewal Name Change Relocation - Date of Move:

Name or Names as appear on license:		TIN (e.g. Social Security No.)	Phone (area code)
Address of licensed site (city, state, zip code):			County:
Mailing address if different from above (city, state, zip code):			E-Mail Address:
Days of Care: M Tu W Th F Sa Su	Hours of Care:	License Number:	

List Provider's, Co-Provider's, Helper's, or Residential Children (ages birth through age 12).

Child's name	Birth date	Age	Child's name	Birth date	Age

Do you have a helper? Y or N Is helper 18 years or older? Y or N

Days and hours helper is present:

Meal Services and Time

 Check the meals you plan to serve and list serving times. We can only reimburse you for meals checked.

✓ Meal	To	From	✓ Meal	To	From
<input type="checkbox"/> Breakfast			<input type="checkbox"/> Supper		
<input type="checkbox"/> Morning Snack			<input type="checkbox"/> Evening Snack		
<input type="checkbox"/> Lunch			<input type="checkbox"/> Midnight Snack		
<input type="checkbox"/> Afternoon Snack					

Voluntary Civil Rights Information

 Check the box(es) which best describes your race and ethnicity. This information is voluntary.

- Ethnicity (check one) Race (check one or more) I do not wish to give this information.
- Hispanic or Latino American Indian or Alaskan Native Noted by advisor.*
- Not Hispanic or Latino Asian

This institution is an equal opportunity provider.

- Black or African American *Note if you choose not to give this information
 Native Hawaiian or Pacific Islander Your advisor must choose the categories for you.
 White Information is gathered for statistical purposes
and does not determine eligibility.

I certify that to the best of my belief and knowledge, the information provided on this Child and Adult Care Food Program Application is correct in all respects. I understand this application will be verified and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal civil and criminal statutes. I have not applied to another CACFP sponsor for Fiscal Year 2011.

Provider's Signature	Co-Provider's Signature	Date: / /
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For Office Use Only

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Date Received:	Orientation Date:	Orientation By:	Latitude:
			Longitude: