

Provider Number:

Adults	& Children's Alliance	Fiscal Ye			1–September 30	_	14		
Appli	cation type:   New	☐ Renewal	☐ Name C	hange	☐ Relocation	n - Date o	of Move:		
Name or Names as appear on license:  TIN (E.G. So						y 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	License Number:				
List P	rovider's, Co-Provid	ler's or Residen	tial Childre	en (ages	birth through	age 12).			
Child'	's Name	Birth date	Age	Child'	s Name		Birth Date	Age	
•	u have a helper? Y or and hours helper is pro	-	oer 18 years	or older	? Y or N				
Meal	Services and Time	Check the meals you	plan to serve a	and list ser	ving times. We	can only re	eimburse your for	meals checked.	
✓	Meal	То	From	$\checkmark$	Meal	•	То	From	
	Breakfast				Supper				
	Morning Snack				Evening Sn	ack			
	Lunch				Midnight Si	nack			
	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)       Note: Information is gathered         □ Hispanic or Latino       □ American Indian or Alaskan Native       for statistical purposes and doe								gathered s and does	
□ No	ot Hispanic or Latino	□ 1 totali				not	determine eligibili	ity.	
☐ Black or African American						Thi	is institution is	an equal	
□ Notive Haveijen or Decific Islander						opp	portunity provid	ler.	
		□ White							
correct	y that to the best of my bel in all respects. I understan	nd this application w	ill be verified	and that d	eliberate misrep	resentation	may subject me to	o prosecution	
	pplicable State and Federar's Signature		and criminal statutes. I have not applied to another CACE Co-Provider's Signature				nsorship for this fi Date:	scal year.	
				8					
For Off	rice Use Only	l_						4040 7/22	
Date Received:		Orientation Date:	Orientatio	tation By: Latitude:					

Longitude: