

New Renewal Name Change
 Relocation/Moving Date _____



**CHILD AND ADULT CARE
 FOOD PROGRAM
 APPLICATION FY 2009**

Provider Number: _____

Name (as appears on license):		TIN (e.g., Soc.Sec.No.):	Phone: (area code)
Address (licensed site):	City:	Zip:	County:
Mailing Address (if different):	City:	Zip:	
Days of Care: M Tu W Th F Sa Su	Hours of Care:	License Number:	E-mail address:

LIST YOUR OWN, HELPERS OR RESIDENTIAL CHILDREN (ages birth through age 12):

Name	Birthdate	Age	Grade in School (Sept. 2008)	Name	Birthdate	Age	Grade in School (Sept. 2008)
	/ /				/ /		
	/ /				/ /		

PLEASE LIST YOUR MEAL SERVICES AND TIMES. (We can only pay you for meals checked.)				DO YOU HAVE A HELPER PRESENT? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/>	Check the meals you plan to serve in the next year. You can only be paid for the meals checked.	Serving Hours		Split		IS YOUR HELPER 18 YEARS OLD OR OLDER? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
		From	To	Check if			
	Breakfast					IF YOU HAVE A HELPER, LIST: Days Present: Hours Present:	
	Morning Snack						
	Lunch						
	Afternoon Snack						
	Supper						
	Evening Snack						
	Midnight Snack						

Voluntary Civil Rights Information - Check the box(es) which best describes your race and ethnicity. This information is voluntary.

Ethnicity (check one) Hispanic or Latino Not Hispanic or Latino I do not wish to give this information Noted by Advisor *

Race (check one or more) American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

* Note: If you choose not to volunteer this information, your Advisor must choose the categories for you. Information is gathered for statistical information and does not determine eligibility. This institution is an equal opportunity provider.

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 2009.

Signature: _____ Date: / /

FOR OFFICE USE ONLY		Latitude:
Date Received:		Longitude:
Orientation Date: _____	By: _____	