

# CHILD AND ADULT CARE FOOD PROGRAM – PROGRAM APPLICATION

*(COMPLETE ONE FORM PER PROGRAM)*

**1. PROGRAM INFORMATION**

Agreement # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Person at Site Responsible for CACFP \_\_\_\_\_

**2. TYPE OF TAX EXEMPTION:**

- \_\_\_\_\_ Program shares Sponsor's Tax-exempt status. **(Attach a letter from Sponsoring Organization.)**
- \_\_\_\_\_ Program has individual tax exemption. **(Attach a copy of IRS Letter of Determination.)**
- \_\_\_\_\_ Public (Specify Government Agency) \_\_\_\_\_ **(Attach a letter from Gov't. Agency.)**
- \_\_\_\_\_ Proprietary Title XIX / XX Center. **(Provide certification to demonstrate that at least 25% of enrolled participants were either Title XIX beneficiaries or Title XX beneficiaries during the most recent calendar month. )**

**3. DAY CARE APPROVAL LETTERS AND CERTIFICATES: (Attach a copy of your License Approval Letter to this form)**

Check the type of program and list the certification expiration date, age group, capacity and hours of care for the program.

*(Complete Only One Line Per Form)*

(✓)	TYPE OF PROGRAM	*CERTIFICATE	LICENSE CAPACITY	EXP. DATE	LICENSE AGE RANGE		HOURS OF CARE	
					From	To	From	To
	Infant 0-2(1/2)	NJCC Center License						
	Preschool 2(1/2)-5	NJCC Center License						
	Outside School 6-12	NJCC Center License						
	Military 0-12	Commander Approval Letter						
	Adult Day Care 60-Up	License/Gov't Approval Letter						
	At "Risk" School Age - 18	Health & Sanitation & Fire/Bldg. Cert.						
	Emergency Shelter 0-12	Health & Sanitation & Fire/Bldg. Cert.						

**ADULT DAY CARE CENTERS ONLY** *Must complete this section ( a. - e. )*

Attach copy of current license or letter of approval. Document must be current and include approved level of service (client capacity).

- a. Name of the federal, state, or local government agency that has licensed or approved the program to provide day care services to functionally impaired adults. \_\_\_\_\_
- b. Does this program have an individual plan of care for all functionally impaired participants?  YES  NO
- c. Does this center provide a structured, comprehensive health program, social & related support services?  YES  NO
- d. Does this program receive Title III funds for any meals served?  YES  NO
- e. List the effective date of the health and sanitation certificate for this site? \_\_\_\_/\_\_\_\_/\_\_\_\_ **(Attach a copy)**

**4. PROGRAM ENROLLMENT/ELIGIBILITY DATA:**

a. Does this program have complete CACFP eligibility applications on file for all participants?

YES  NO

b.

#Enrolled	#Free	#Reduced	#Paid

**5. TYPE OF FOOD SERVICE:**

a. **Self Preparation**

- On-Site
  - Satellite from Central Kitchen\*
- Central Kitchen Address: \_\_\_\_\_

*\*Attach a copy of the central kitchen sanitation report.*

b. **Vended\***

- Bid - \$150,000 & over
- Small Purchases (under \$150,000)
- School Food Service Contract

*(Attach a copy of the contract to this form)*

**6. MEAL PATTERNS:**

a. Check each meal type which is served on a regular basis for which you are claiming reimbursement in the CACFP.

BREAKFAST  A.M. SUPPLEMENT  LUNCH  P.M. SUPPLEMENT  DINNER

Meal Service Time: \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_

b. **REGULAR MEAL SERVICE DAYS:**  MON  TUES  WED  THURS  FRI  SAT  SUN

c. **SPECIAL MEALS:** *Is a different meal pattern served during holidays, summer or school closings?*  YES  NO

If Yes, Check:  BREAKFAST  A.M. SUPPLEMENT  LUNCH  P.M. SUPPLEMENT  DINNER

Meal Service Time: \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_

**7. DATES OF OPERATION:** First date of meal service: \_\_\_\_/\_\_\_\_/\_\_\_\_. Will this program close during the year?  YES  NO

If yes, list the dates when this program will be closed for 2 or more weeks: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

*I understand that this information is being given in connection with the receipt of Federal funds; that Department officials may for cause, verify information; that the information provided on this form is true to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution or civil action under applicable State and Federal criminal or civil statutes.*

Signature of Authorized Program Representative \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_