



**Child and Adult Care Food Program  
 SITE APPLICATION**  
 (This form must be completed for each site.)

**SITE INFORMATION**

SPONSOR NAME		SITE NUMBER	AGREEMENT NUMBER	PROGRAM YEAR
SITE NAME		COUNTY		
ADDRESS				
CITY		STATE	ZIP	
SITE CONTACT NAME (First, Middle, Last)		PHONE	FAX	
TITLE		E-MAIL		

**PROGRAM TYPE**

Check all that apply.

<input type="checkbox"/> Adult Care Center	<input type="checkbox"/> Child Care
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start
	<input type="checkbox"/> Outside School Hours
	<input type="checkbox"/> ECEAP
	<input type="checkbox"/> At-Risk
	<input type="checkbox"/> Emergency Shelter

**ORGANIZATION TYPE AND TITLE XIX/XX INFORMATION**

Organization Type: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	Number of Title XIX/XX: _____	Total Enrolled: _____
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**MEAL PREPARATION**

INDICATE METHOD BY WHICH MEALS WILL BE PROVIDED:

- |  |   |
|--|---|
| <input type="checkbox"/> a. Preparation at meal service location (on site) | <input type="checkbox"/> d. Under contract with food service management company*                    |
| <input type="checkbox"/> b. Preparation at central kitchen and transported | <input type="checkbox"/> e. Vendor cost will exceed \$100,000 (refer to OSPI procurement standards) |
| <input type="checkbox"/> c. Under contract with local school system        |   |

\*Contract form must be signed by sponsor and vendor.  Vendor/School Name \_\_\_\_\_

**AT-RISK**

SCHOOL DISTRICT	School Year Beginning Date _____
QUALIFYING PUBLIC SCHOOL NAME	School Year Ending Date _____
Activities: <input type="checkbox"/> Educational <input type="checkbox"/> Enrichment	
Describe Educational/Enrichment Activities:	

**AGE OF ENROLLED CHILDREN**

Yes No

Are infants (under 1 year of age) enrolled?

Is the site claiming infants (under 1 year of age)?

**ADULT CARE CENTER INFORMATION ONLY**

Yes No

Will this adult center limit its reimbursement to meals served only to enrolled participants who remain in the community and reside with family members or other caregivers who would benefit from the respite which adult care service could provide?

Does this adult center offer a structured, comprehensive program that provides a variety of health, social, and related support services to enrolled adult participants?

Does this adult center have approval to provide day care services to functionally impaired adults in a group setting outside their home on a less than 24-hour basis?

Does this center serve adults over 60 years of age?

Does this center serve functionally impaired adults over 60 years of age?

Does this center serve functionally impaired adults under 60 years of age?

Does this center have individual plans of care for all functionally impaired adults who are enrolled and participating in the Child and Adult Care Food Program?

Does this center receive reimbursement under Title III of the Older Americans Act?

Does this center receive reimbursement from the Child and Adult Care Food Program and funding from Title III for the same meals?

**FIRE AND SAFETY PERMITS**

**At-risk, emergency shelters, and outside school hour centers.**

Yes No

I have enclosed a current safety/sanitation permit.

Expiration date: \_\_\_\_\_

Yes No

I have enclosed a current fire/building permit.

Expiration date: \_\_\_\_\_

**LICENSING**

**OPERATING MONTHS**

Send a copy of current license.

Expiration Date \_\_\_\_\_

License Capacity \_\_\_\_\_

License Number \_\_\_\_\_

Ages of children on license from: \_\_\_\_\_ to: \_\_\_\_\_

<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	<input type="checkbox"/> Jan
<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May
<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep

All Months

**HOURS OF OPERATION**

This center will open at: \_\_\_\_\_ And will close at: \_\_\_\_\_  24 hour care

Yes No

Closed two or more weeks?

If yes, list closing dates and reopening dates: \_\_\_\_\_

Do you serve meals in shifts?

MEAL SERVICE INFORMATION				
Meals Served	Meal Service Information (Excluding Emergency Shelter)		Emergency Shelter Meals Meal Service Information	
	Begin	End	Begin	End
Breakfast				
A.M. Snack				
Lunch				
P.M. Snack				
Supper				
Night Snack				
At-Risk - ASCS				

Start and stop times of meal service must be in 15 minute increments and must start on the quarter hours.

Check the days the site operates the CACFP    Sun     Mon     Tue     Wed     Thu     Fri     Sat     Mon-Fri

OSPI USE ONLY FOR AT-RISK SITE			
Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percent Free and Reduced _____
Qualification School Year	_____		At-Risk Beginning Date of Eligibility _____
			At-Risk Expiration Date _____