



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

| | | |
|---|-----------------------------------|-----------------------|
| Organization Type: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit | Number of Free and Reduced: _____ | Total Enrolled: _____ |
|---|-----------------------------------|-----------------------|

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 _____ |