

<b>CHILD AND ADULT CARE FOOD PROGRAM DAY CARE HOME SITE APPLICATION</b>	<b>VENDOR NUMBER:</b> <b>CHICANO FEDERATION</b>
<b>NSD 2052 (REV. 08/14)</b>	<b>AGREEMENT NUMBER:</b> <b>3726198F</b>

**INSTRUCTIONS:** Please type or print clearly. To add or modify a site: submit a *Site Change Request Form* (NSD 74-30), this form, and a copy of the current license. Upon approval, copies of the change request and the approved site application will be returned. Approved site applications and change request forms are part of the sponsor's permanent records.

**SPONSOR NAME: CHICANO FEDERATION**

**1. PROVIDER INFORMATION – COMPLETE AS SHOWN ON LICENSE.**

NAME (LAST NAME, FIRST NAME, MIDDLE NAME)	<b>DOB:</b>	AREA CODE AND TELEPHONE NUMBER
NAME (LAST NAME, FIRST NAME, MIDDLE NAME)	<b>DOB:</b>	AREA CODE AND TELEPHONE NUMBER
STREET ADDRESS (INCLUDE APARTMENT NUMBER)	CITY	ZIP CODE + FOUR

**2. LICENSE INFORMATION – COMPLETE AS SHOWN ON LICENSE. ATTACH A COPY OF THE LICENSE.**

EFFECTIVE DATE	MAXIMUM CAPACITY	AGES APPROVED FOR CARE	LICENSE / FACILITY NUMBER
----------------	------------------	------------------------	---------------------------

**3. OPERATION INFORMATION / HOURS / SHIFTS**

DAYS PER WEEK SITE OPERATES (CIRCLE DAYS) <b>M T W T H F S</b>	HOURS OF OPERATION FROM (EARLIEST): _____ TO (LATEST): _____	SHIFTS OF CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

**4. PARTICIPATION INFORMATION**—USE CURRENT ENROLLMENT INFORMATION. CHANGES WITHIN THE ENROLLMENT CAPACITY ARE REPORTED ON THE CLAIM FOR REIMBURSEMENT

NUMBER OF CHILDREN ENROLLED	NUMBER OF PROVIDER'S OWN CHILDREN ENROLLED	NUMBER OF FOSTER CHILDREN	PROVIDER'S OWN CHILDREN AND/OR FOSTER CHILDREN ARE ELIGIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------	--	---------------------------	--

**5. MEAL SERVICE INFORMATION – CHECK (✓) ALL THAT APPLY.**

<input type="checkbox"/> <b>Breakfast:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____	<input type="checkbox"/> <b>Lunch:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____	<input type="checkbox"/> <b>Supper:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____
<input type="checkbox"/> <b>AMSnack:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____	<input type="checkbox"/> <b>PMSnack:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____	<input type="checkbox"/> <b>EveSnack:</b> 1 <sup>st</sup> Shift _____ 2 <sup>nd</sup> Shift _____

**6. NEW SITE INFORMATION – MUST BE COMPLETED FOR ALL NEW SITES.**

Has the sponsor-site agreement been executed and is it on file with the Sponsor and Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE COMPLETED ON-SITE TRAINING SESSION
---	---

**7. CERTIFICATION – MUST BE SIGNED BY BOTH SPONSOR REPRESENTATIVE AND PROVIDER.**

*I hereby certify that the information included on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. All children in attendance will be offered the same meals at no separate charge with no physical segregation or other discrimination on the basis of race, color, national origin, sex, age, or disability.*

SIGNATURE OF SPONSOR REPRESENTATIVE	DATE	SIGNATURE OF PROVIDER	DATE
		SIGNATURE OF PROVIDER	DATE

**OFFICE USE ONLY**

INPUT BY:	DATE	APPROVED BY:	DATE
-----------	------	--------------	------