

Child and Adult Care Food Program Home Application

Name of Sponsor
Street Address or Post Office Box Number
City, State, Zip Code

Registration/License/Relative Care Provider ID, or Military Certification Number: _____ Capacity: _____

Provider Name: _____
Last First Middle

Address: _____
Street Address City Zip Code

() () Date of Birth: ____/____/____ Previous Sponsor: _____
Area Code Telephone Area Code Alternate Telephone Month Day Year

School District Name: _____ School District Code: _____ Public Neighborhood School: _____

Days of Child Care Operation: SU M T W TH F S Hours of Operation: _____ E-Mail Address: _____

Enter the number of times the meal/snack is served each day and the serving times for each meal and snack

Meal Time Guidelines	Breakfast 6:00 a.m.-9:00 a.m.	A.M. Snack 9:00 a.m.-11:00 a.m.	Lunch 11:00 a.m.-1:00 p.m.	P.M. Snack 1:00 p.m.-4:30 p.m.	Supper 4:30 p.m.-6:30 p.m.	Evening Snack 6:30 p.m.-9:00 p.m.
Number of times meal is served per day						
First Serving Time (From - To)						
Second Serving Time (From - To)						

CERTIFICATION: This facility does not limit admission or accessibility due to race, sex, color, disability, age, religious creed, political beliefs, or national origin. I understand that information on this application is being given in connection with receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand that my capacity determines the maximum number of children I may claim at each meal time. I certify that all information submitted on this application is true and correct.

Signature: _____ Date: _____

FOR SPONSOR USE ONLY

New Name Change/Previous Name: _____
 Registration/License Change/Previous#: _____
 Address Change/Previous Address: _____
 Reopened Registration/License: Date Closed: _____ Date Reopened: _____
 Sponsor Approval Date/Date Submitted in CNP: _____

TIER DETERMINATIONS

Tier 1 Tier II Building Confirmed
 School Data/Building #: _____ By: _____
 Census Data/Census Tract: _____
 Income Eligible Income Verified
 Approved By: _____ Date: _____

Initial Training Completed:

<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Meal Counts
<input type="checkbox"/> Claim Submission	<input type="checkbox"/> Review Procedures
<input type="checkbox"/> Record Keeping Requirements	<input type="checkbox"/> Reimbursement System
<input type="checkbox"/> Civil Rights Training	

Instructions for Completing the Child and Adult Care Food Program Home Application

To participate in the Child and Adult Care Food Program, a Home Application must be completed by the provider. The provider and the Family Day Care Home Sponsor will each retain a copy of the application. The sponsor will submit the application to the Michigan Department of Education (MDE). The sponsor will maintain verification of the provider's child day care registration, license, relative care enrollment, or military certification. The provider is eligible to receive reimbursement effective the approval date granted by the MDE. Tier 1 eligibility is determined by the sponsor.

1. Please print the information requested in the space provided. Enter your:

- Child day care registration/license/relative care provider ID, or military certification number, and capacity
- Complete name (name should be the same as that printed on your registration, license, relative care provider application, or military certification)
- Street address, city, and zip code (address should be the same as that printed on your registration, license, relative care provider application, or military certification)
- Area code and telephone number and, if available, an alternate area code and telephone number
- Date of birth
- Previous sponsor, if applicable
- School district name, school district code, and public neighborhood elementary school
- Days of child care operation (circle)
- Hours of operation
- E-mail address, if available

2. In the columns provided, enter the number of times you will serve each meal and snack while providing child care. Enter the beginning and ending time for each serving time for each meal and snack. See the sample below. Variations in meal times must be documented by the sponsor.

Meal Time Guidelines	Breakfast 6:00 a.m.-9:00 a.m.	A.M. Snack 9:00 a.m.-11:00 a.m.	Lunch 11:00 a.m.-1:00 p.m.	P.M. Snack 1:00 p.m.-4:30 p.m.	Supper 4:30 p.m.-6:30 p.m.	Evening Snack 6:30 p.m.-9:00 p.m.
Number of times meal is served per day	1	1	1	2		
First Serving Time (From - To)	7:00 - 8:00	10:00 - 10:30	12:00 - 1:00	3:00 - 3:30		
Second Serving Time (From - To)				3:30 - 4:00		

3. Read the certification statement, and sign and date the application. The person whose name is listed on the application must sign the form.