

**DELAWARE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY DAY CARE HOME PROVIDER ENROLLMENT APPLICATION
FOR CACFP FISCAL YEAR _____**

INSTRUCTIONS: This form must be signed by the Sponsor and the Provider. The Sponsor shall maintain the original with ink signatures, provide a copy to the Provider and to Delaware Department of Education (DDOE).

1. Provider Name: _____ Social Security Number: _____ E.I#: _____ *Date of Birth: _____ Address of Provider (Include City, State, County and ZIP Code): _____ Provider Email: _____ Telephone Number () – _____	2. Name and Address of Sponsor: _____ Sponsor Email: _____ Telephone Number () – _____																																	
3. What hours are children in care? (Other than the Provider's Own) _____	4. Number of children provider takes care of daily are: Provider's Own Children [] Other than Provider's Own Children []																																	
5a. What days of the week are children in care? (other than the Provider's Own): _____ 5b. Number of weeks per year provider plans to take care of children: _____	6. Is family size and income information available at the sponsoring organization to establish eligibility of provider's own children for free or reduced meals? Yes [] No [] (If No, meals served to the Provider's own children cannot be claimed for reimbursement.)																																	
7. MEAL SERVICE NOTE: <i>No more than three meals per day per child shall be claimed, and one of the three must be a snack.</i> Check (✓) meals Provider will serve. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Time(start & end)</th> <th style="text-align: center;">Shifts</th> </tr> </thead> <tbody> <tr> <td>A. [] Breakfast</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>B. [] AM Snack</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>C. [] Lunch</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>D. [] PM Snack</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>E. [] Supper</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>F. [] Evening Snack</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Time(start & end)	Shifts	A. [] Breakfast	_____	_____	B. [] AM Snack	_____	_____	C. [] Lunch	_____	_____	D. [] PM Snack	_____	_____	E. [] Supper	_____	_____	F. [] Evening Snack	_____	_____	8. Age Range of enrolled children: Youngest [] Oldest [] <i>(Reimbursement will be provided only for meal served to children birth through 12 years of age. If provider has older migrant or disabled children enrolled for care in the home, the sponsor will need to determine their eligibility).</i> <i>Please put an "X" in the box for working holidays.</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px 5px;">New Year</td> <td style="padding: 2px 5px;">MLK</td> <td style="padding: 2px 5px;">Presidents</td> <td style="padding: 2px 5px;">Columbus</td> <td style="padding: 2px 5px;">Election</td> <td style="padding: 2px 5px;">Veterans</td> </tr> <tr> <td style="padding: 2px 5px;">Memorial</td> <td style="padding: 2px 5px;">Labor</td> <td style="padding: 2px 5px;">July 4</td> <td style="padding: 2px 5px;">Easter</td> <td style="padding: 2px 5px;">Thanksgiving</td> <td style="padding: 2px 5px;">Christmas</td> </tr> </table>	New Year	MLK	Presidents	Columbus	Election	Veterans	Memorial	Labor	July 4	Easter	Thanksgiving	Christmas
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9. Is the Home licensed by OCCL as a Family Child Care Home? Yes [] Attach a copy of the current child care license No [] Licensing is necessary in order to receive CACFP reimbursement	10. This Section To be Completed by the Sponsoring Organization: Home Approval Status: Tier I [] Tier II [] Tier II Mixed []																																	

☐ I HEREBY CERTIFY that to the best of my knowledge, this home is not participating in the Child & Adult Care Food Program under any other Sponsoring Organization. I further CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that the Sponsoring Organization and/or the Department of Education officials may for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

**Date of Birth is required for participation in the CACFP.*

11. _____ Signature of Family Child Care Provider	Date: _____
12. _____ Signature of Sponsoring Organization Representative	Date: _____

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.