

**VIRGINIA CHILD AND ADULT CARE FOOD PROGRAM
DAY CARE HOME APPLICATION FOR PARTICIPATION**

INSTRUCTIONS: Two copies of this Application must be completed and signed by the Sponsoring Organization and by the Day Care Home Provider. The sponsoring organization and the family day care provider each keep a copy of the signed application. The expiration date of the application shall coincide with the expiration date of the day care home's licensing, registration or approval. A photocopy of the application accompanied by a photocopy of the appropriate licensing/registration/approval documentation shall be submitted to FNS-MARO no later than the 15th of the month following the month for which approval or renewal is being requested.

Agreement Number:	58689
Name of Sponsoring Organization:	Child Nutrition, Inc. 9 North 3rd Street, Suite 100 P.O. Box 3364 Warrenton, VA 20188
Providers Name:	
Fax:	540-347-2225
Email:	bethw@cni-usda.org
County:	
Date of Birth:	
Telephone:	
Email:	

Name(s) of all Approved Day Care Assistants Working At Home (at time of application):

Type of Approval: State License Systems License Local Approval Voluntary Reg. Military Certification

Expiration Date:		Approved Capacity:	
Operating Data			
Hours of Operation:			
Operating Days - check all that apply	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		
List Any Months When Day Care is Not Provided:			
Total Number of Children Enrolled (Including Provider's Own)	Number of Provider's Own Children Income Eligible		
<input checked="" type="checkbox"/> Meal Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Evening Snack
Time of Meal Service			
Number of Shifts			
For Sponsor Use Only Tier Code:	<input type="checkbox"/> Tier 1A Census Census Tract: Census Block: <input type="checkbox"/> 2A <input type="checkbox"/> 2B Mixed	<input type="checkbox"/> Tier 1 B School School Unit:	<input type="checkbox"/> Tier 1C Income

We certify that the provider is not participating in the CACFP under any other sponsoring organization. We further certify that all of the above information is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities as outlined in the Sponsor-Home Agreement. We understand that this information is being given in connection with the receipt of federal funds and that Department or sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes. We further certify that if the day care home is found to be Seriously Deficient and terminated from CACFP, the home will be placed on the National Disqualified List and will not be allowed to participate in any Federal Programs. We further certify that the day care home provider has not previously been terminated from CACFP participation for cause in Virginia or any other state.

We further certify that this program is made available to all eligible children. In accordance with federal law and U.S. Department of Agriculture policy, discrimination is prohibited on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326 - W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signature of sponsoring organization representative:	Signature of day care home provider:
_____	_____
Date: _____	Date: _____