

PROVIDER APPLICATION AEYC-SEA CHILD CARE FOOD PROGRAM

3100 Channel Dr. suite 215 - JUNEAU, AK 99801 - 789-1767/1-888-785-1235 www.aeyc-sea.org/forms.htm

Program Information (new and renewal providers all sections must be completed) Program Year: _____

Provider Name: _____ Business Name: _____

Social Security #: _____ Birthdate: _____ Email Address: _____

Provider Type: Licensed Approved Group Start/Change Date: _____ New / Renewal/Change

Home Information License Information

License Holder: _____ License Number: _____
 Physical Address: _____ Capacity: _____
 Mailing Address: _____ Age Limit: _____
 City: _____ State: AK Zip Code: _____ Enrolled Children: _____
 Phone Number: _____ Fax/Cell: _____ Effective Date: _____
 Hours of Operation: From _____ To _____ Expiration Date: _____

Meal Service

Average number of days/week food service is provided: _____ Average number of weeks/year food service is provided: _____

Meal Type	Occ Svc	Shift Meal?	Begin Time	End Time	Mon	Tues	Wed	Thurs	Fri	Sat
Breakfast	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you serve meals on holidays? Yes No **If "Yes", check all open holidays** *Holiday Attendance Sheet is still needed*

- New Years Presidents Day Martin Luther King Day Columbus Day Easter
- Veterans Day Memorial Day Labor Day Independence Day Other: _____
- Thanksgiving Christmas Alaska Day: Seward's Day: Other: _____

Eligibility Information

Are you currently participating in the Child Care Food Program with another sponsor? Yes No
 Do you plan to apply for reimbursement for your own child(ren) based on income? Yes No
 How many of your own child(ren) under age 12 do you / will you claim? _____
 Name/DOB: _____ Name/DOB: _____
 Name/DOB: _____ Name/DOB: _____
 Is an application for Income Eligibility on file to claim your own children? Yes No
 Does this home qualify for: Tier I Tier II Tier II Mixed

Tier I Homes Only

Eligibility determination was by: School Data Census Tract Income Application
If School Data: School Name: _____ Percent of Free/Reduced-price Eligible: _____
If Census Tract: Census Tract Number: _____ Certification Date of Income/School/Census: _____

Tier II Mixed Homes Only

Is Income Elig. on file with sponsor for all children whose meals are claimed at the Tier II High reimbursement rate? Yes

Months of Operation -Providers please fill out	Tier Level for Month: (I, II, M) OFFICE USE ONLY
<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	OCT ___ NOV ___ DEC ___ JAN ___ FEB ___ MAR ___ APR ___ MAY ___ JUN ___ JUL ___ AUG ___ SEP ___

Certification: I hereby 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 Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Date: _____ Provider: _____ Sponsor: _____

Approved for FDCH Program participation beginning: _____ Approved maximum participation for enrolled children: _____ own: _____
 (Black & White: Sponsor Yellow: Provider)