

PROVIDER APPLICATION AEYC-SEA CHILD CARE FOOD PROGRAM

P.O. Box 22943 - JUNEAU, AK 99802-2493 - 789-1767/1-888-785-1235

Program Information	Program Year:
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Provider Name: _____ Business Name: _____
 Social Security #: _____ Birthdate: _____ Email Address: _____
 Provider Type: Licensed Approved Group Start Date: _____ **New / Renewal**

Home Information	License Information
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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	Sun
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

Do you serve meals on holidays? Yes No (If "Yes", check all that apply)
 New Years Presidents Day Martin Luther King Day Columbus Day Election Day
 Veterans Day Memorial Day Labor Day Independence Day Easter
 Thanksgiving Christmas Other: _____ Other: _____ 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 No

Months of Operation	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: _____