

CHILD AND ADULT CARE FOOD PROGRAM DAY CARE HOME SITE APPLICATION NSD 2052 (REV. 05/09)		VENDOR NUMBER: V 422-00	
		AGREEMENT NUMBER: 19-3045-OF	
INSTRUCTIONS: Please type or print clearly. To add or modify a site: submit a <i>Site Change Request Form</i> (NSD 74-30), this form, and a copy of the current license. Upon approval, copies of the change request and the approved site application will be returned. Approved site applications and change request forms are part of the sponsor's permanent records.			
SPONSOR NAME PHFE/ANGELS CHILD CARE FOOD PROGRAM			
1. PROVIDER INFORMATION – COMPLETE AS SHOWN ON LICENSE.			
NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		AREA CODE AND TELEPHONE NUMBER	
STREET ADDRESS (INCLUDE APARTMENT NUMBER)		CITY	ZIP CODE + FOUR
2. LICENSE INFORMATION – COMPLETE AS SHOWN ON LICENSE. ATTACH A COPY OF THE LICENSE.			
EFFECTIVE DATE	MAXIMUM CAPACITY	AGES APPROVED FOR CARE	LICENSE / FACILITY NUMBER
3. OPERATION INFORMATION / HOURS / SHIFTS			
NUMBER OF DAYS PER WEEK SITE OPERATES (MAXIMUM)	HOURS OF OPERATION		SHIFTS OF CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	FROM (EARLIEST):	TO (LATEST):	
4. PARTICIPATION INFORMATION – USE CURRENT ENROLLMENT INFORMATION.			
NUMBER OF CHILDREN ENROLLED	NUMBER OF PROVIDER'S OWN CHILDREN ENROLLED	NUMBER OF FOSTER CHILDREN	PROVIDER'S OWN CHILDREN AND/OR FOSTER CHILDREN ARE ELIGIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. MEAL SERVICE INFORMATION – CHECK (✓) ALL THAT APPLY.			
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	
<input type="checkbox"/> A.M. Snack	<input type="checkbox"/> P.M. Snack	<input type="checkbox"/> Evening Snack	
6. NEW SITE INFORMATION – MUST BE COMPLETED FOR ALL NEW SITES.			
Has the sponsor-site agreement been executed and is it on file with the Sponsor and Provider? <input type="checkbox"/> Yes		DATE COMPLETED ON-SITE TRAINING SESSION	
7. CERTIFICATION – MUST BE SIGNED BY BOTH SPONSOR REPRESENTATIVE AND PROVIDER.			
<i>I hereby certify that the information included on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. All children in attendance will be offered the same meals at no separate charge with no physical segregation or other discrimination on the basis of race, color, national origin, sex, age, or disability.</i>			
SIGNATURE OF SPONSOR REPRESENTATIVE	DATE	SIGNATURE OF PROVIDER	DATE
CDE USE ONLY			
APPROVED BY:	DATE	INPUT BY:	DATE