

# Child & Adult Care Food Program (CACFP) Center Site Application

Site Name: \_\_\_\_\_

Mailing Address	Street Address
Address: _____	Address: _____
Address (continued): _____	Address (continued): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
County: _____	County: _____
<input type="checkbox"/> Check if the street address is the same as the mailing address.	
Site Contact	
Name: _____	
Phone: _____ Ext: _____ Email: _____	

## Site Operation

Check one:  Nonprofit  For-profit

## Program Type (Choose one)

- Summer Food Service
- Child Care Center
- Head Start
- Outside School Hours Care
- At-Risk Afterschool Meals/Snacks

Is this site organized primarily to provide care for children after school or on weekends, holidays, or school vacations during the regular school year?  Yes  No

Is this site located in an attendance area of a school where at least 50% or more of the children are eligible for free or reduced price meals?  Yes  No

Will the site claim meals/snacks during summer vacation?  Yes  No

If YES, is the site located in the attendance area of a school operating on a year-round calendar?  
 Yes  No

Adult Day Care Center

Does the site provide nonresidential care services to functionally impaired adults or persons 60 years of age or older in a group setting?  Yes  No

Does the site provide a structured, comprehensive program that provides a variety of health, social and related support services?  Yes  No

Does the site have an individual plan of care for each participant?  Yes  No

Describe how the plans of care are created for each participant?

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Emergency Shelter

Does this site provide temporary shelter and food services to homeless children?  Yes  No

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**Child Care Licensing**

Type of License:  KDHE  DCF  Military  Tribal  Dept. of Aging  Exempt

License Number: \_\_\_\_\_ Capacity: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**Type of Food Service**

Meal Preparation:  On-Site  Central Kitchen  School Vendor  Commercial Vendor

If School or Commercial Vendor, list vendor name: \_\_\_\_\_

Does this site have a Kansas Food Establishment License?  Yes  No

If yes, license number: \_\_\_\_\_ If yes, date of last inspection: \_\_\_\_\_