**Child & Adult Care Food Program (CACFP)**

**Center Site Application**

Site Name:

|  |  |
| --- | --- |
|  **Mailing Address**Address:      Address (continued):      City:      State:       Zip:      County:       |  **Street Address**Address:      Address (continued):      City:      State:       Zip:      County:       |
| [ ]  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?

[ ]  Emergency Shelter

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

**Child Care Licensing**

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

License Number:       Capacity:

Effective Date:       Expiration Date:

**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: