**Child Nutrition Program**

**New Site Application**

**Complete a separate new site application form for each site.**

Sponsor Number:

Sponsor Name:

Official Site Name:

(School Buildings Only) KSDE-Assigned Building Number:

(School Building Only) If no KSDE-Assigned Building Number indicated above, has a KSDE-assigned building number been requested? [ ]  Yes [ ]  No

Site Location (Address, City, County):

Site Type:

[ ]  Public

[ ]  Private For-Profit

[ ]  Private Non-Profit

Program(s) Site will participate on:

[ ]  School Nutrition Program (SNP)

[ ]  Child and Adult Care Food Program (CACFP)

 If site will participate in CACFP, indicate at least one site type below:

[ ]  Child Care Center

[ ]  Head Start

[ ]  Outside School Hours Care

[ ]  At-Risk Afterschool Meals/Snacks

[ ]  Adult Day Care Center

[ ]  Emergency Shelter

[ ]  Summer Food Service Program (SFSP)

If site will participate in SFSP, indicate one Meal Service Type and Site Qualification.

|  |  |
| --- | --- |
| **Meal Service Type** | **Site Qualifications** |
| [ ]  Congregate Meal Service | [ ]  Conditional Non-Congregate |
| [ ]  Non-Congregate Meal Service | [ ]  Open |
| [ ]  Hybrid (serves both congregate and non-congregate meals) | [ ]  Open Restricted[ ]  Enrolled |
|  | [ ]  Residential Camp |
|  | [ ]  Non-residential Camp |
|  | [ ]  Migrant |