

NUTRITION PLUS, INC.
CHILD AND ADULT CARE FOOD PROGRAM
SITE INFORMATION SHEET 2019-2020

(PLEASE PRINT)

Provider: _____ **Social Security #:** _____

Mailing address: _____

City: _____ **Zip:** _____ **e-mail address:** _____

Phone # : _____ **Cell phone# :** _____

Elementary school area: _____ **tier 1 tier 2**

LICENSE/REGISTRATION/INCOME ELIGIBILITY INFORMATION:

(Circle one) GROUP DAY CARE LICENSE

License # : _____ **expiration date on posted lic:** _____

Income Eligible : Yes _____ Verified _____ No _____

(If you are income eligible, you must have an income data form on file and it must be dated the first day you plan to claim your own children.)

Approximate meal times

Breakfast _____ **A.M. Snack** _____

Lunch _____ **P.M. Snack** _____

Supper _____ **Bedtime Snack** _____

The State requires at least 2 hours between each serving) If these times change you must let us know.

1. What days of the week is your day care open? _____

2. What hours is your day care normally open? _____

3. How many children do you care for each day? _____

List your own children and their birth dates. (list only those who are 12 or younger)

I certify that the information 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.

_____ **Date**

_____ **Provider's Signature**

_____ **Nutrition Plus Official Signature**

This is an equal opportunity program. If you have been discriminated against because of race, color, national origin, age, sex, or disability write to the Sec. of Agriculture, Washington, D.C. 20250.