



CENTER ADMINISTRATION <input type="radio"/> LEGAL ENTITY OF THE SPONSOR <input type="radio"/> LEGALLY SEPARATE FROM THE SPONSOR	IS THIS A LICENSED CENTER? <input type="radio"/> YES <input type="radio"/> NO
---	---

IS THIS CENTER AFFILIATED WITH A RELIGIOUS ORGANIZATION?

YES  
 NO

PLEASE SELECT THE MONTH(S) OF OPERATION (SELECT ALL THAT APPLY)

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
<input type="radio"/>											

AGE RANGE OF PARTICIPANTS ENROLLED AT THIS SITE (CHECK ALL THAT APPLY)

00-11 MONTHS     01-2 YEARS     03-5 YEARS     06-12 YEARS     013-18 YEARS     018 YEARS –OVER

**LICENSING INFORMATION**

IF THIS FACILITY IS NOT LICENSED BY ANY STATE OR FEDERAL AUTHORITY, IS THE FACILITY LICENSE-EXEMPT BY RELIGIOUS OR NURSERY SCHOOL AND INSPECTED BY THE SECTION FOR CHILD CARE REGULATION TO MEET MINIMUM HEALTH AND SAFETY STANDARDS?

YES (IF YES, INCLUDE A COPY OF YOUR DC-100 – LICENSE EXEMPT HEALTH AND SAFETY CHECKLIST)  
 NO (IF NO, INCLUDE A COPY OF YOUR LOCAL FIRE AND SANITATION INSPECTION).

LICENSE OR LICENSE-EXEMPT NUMBER (DVN)	EFFECTIVE DATE	EXPIRATION DATE	LICENSE CAPACITY
--	----------------	-----------------	------------------

IS THIS FACILITY AUTHORIZED TO PROVIDE OVERLAP CARE?

YES (IF YES, INCLUDE A COPY OF YOUR OVERLAP AUTHORIZATION – FORM DC-16 CHILD CARE FACILITY OVERLAP REQUEST).  
 NO

HOURS OF OPERATION FROM _____ TO _____	DAYS OF OPERATION (circle all days the center will be open and serving meals) M   T   W   Th   F   S   Su
---	--

**FOR-PROFIT CENTERS ONLY**

IS THIS CENTER     TITLE XX FOR-PROFIT (child care subsidy)     FREE/REDUCED FOR-PROFIT

A. TITLE XX BENEFICIARIES	B. FREE CATEGORY	C. REDUCED CATEGORY	E. TOTAL NUMBER OF PARTICIPANTS ENROLLED (A+B+C)
---------------------------	------------------	---------------------	--

**AFTER-SCHOOL HOURS PROGRAMS**

AT-RISK OR OUTSIDE SCHOOL HOURS PROGRAM ACTIVITIES THAT **MUST** BE REGULARLY SCHEDULED (CHECK ALL THAT APPLY)

NOT APPLICABLE     EDUCATIONAL     SUPERVISED     ENRICHMENT     OTHER (PLEASE SPECIFY BELOW)

SCHOOL DISTRICT \_\_\_\_\_

SCHOOL FULL NAME \_\_\_\_\_

PERCENT OF FREE/REDUCED-PRICED ELIGIBLE STUDENTS \_\_\_\_\_%:

**MEAL SERVICE**

**MEALS FOR WHICH REIMBURSEMENT IS REQUESTED** (a center may claim up to two meals and one snack per participant in attendance per day. Emergency homeless shelters may claim up to three meals per day. At-Risk After School programs may claim only after school supper and/or p.m. snack. )

Check the meals and snacks to be claimed.	<input type="radio"/> BREAKFAST	<input type="radio"/> AM SNACK	<input type="radio"/> LUNCH	<input type="radio"/> PM SNACK	<input type="radio"/> SUPPER	<input type="radio"/> EVENING SNACK
BEGIN TIME						
END TIME						

Note: Meals and snacks may take no more than two hours from start to finish. Breakfast may not be served after 10:00 a.m. Lunch may not be served before 10:30 a.m. and must be over by 1:30 p.m. Supper may not begin before 5:30 p.m., except in At-Risk After School Programs. At-Risk After School programs must allow 2-1/2 hours between the end of the supper meal service and the start of the snack meal service, or vice versa, if both meal and snack are served.

**DO YOU SERVE MEALS ON HOLIDAYS?**  YES  NO (IF "YES", CHECK ALL THAT APPLY)

<input type="radio"/> NEW YEARS	<input type="radio"/> PRESIDENTS DAY	<input type="radio"/> MARTIN LUTHER KING	<input type="radio"/> COLUMBUS DAY
<input type="radio"/> ELECTION DAY	<input type="radio"/> VETERAN'S DAY	<input type="radio"/> MEMORIAL DAY	<input type="radio"/> LABOR DAY
<input type="radio"/> INDEPENDENCE DAY	<input type="radio"/> EASTER	<input type="radio"/> THANKSGIVING	<input type="radio"/> CHRISTMAS

OTHER(S) \_\_\_\_\_

**TYPE OF FOOD SERVICE**

**MEAL PREPARATION**

ON SITE

CENTRAL KITCHEN (meals are prepared off-site from the facility in a kitchen owned and operated by the facility)

SCHOOL FOOD AUTHORITY (Submit a copy of the agreement.)

COMMERCIAL CATERER (VENDOR) (Contact MDHSS for information on procuring contracts for food service. Submit a copy of current food service contract.)

**FOR-PROFIT CENTER CONTRACT FOR COMMERCIAL CATERER**

VENDOR CONTRACT < \$10,000       VENDOR CONTRACT > = \$10,000

**NOT FOR-PROFIT CENTERS CONTRACT FOR COMMERCIAL CATERER**

VENDOR CONTRACT < \$100,000       VENDOR CONTRACT > = \$100,000

**VENDOR (CATERER) NAME (IF APPLICABLE)**

<b>CONTRACT BEGIN DATE:</b>	<b>CONTRACT END DATE:</b>
-----------------------------	---------------------------

**IS THIS A PRICING OR NON-PRICING PROGRAM?**

**PRICING PROGRAM:** The center charges a fee, separate from tuition, for meals in order to make up the difference between the reimbursement provided by the CACFP and the actual cost of serving the meals. (Pricing programs must contact MDHSS for more information regarding charges for meals.)

**NON-PRICING PROGRAM:** Families pay a general tuition charge that covers all areas of child or adult care services provided by the facility, including the meals. There is no separate identifiable charge for the meals.

**HAVE YOU EVER BEEN FOUND TO BE IN NONCOMPLIANCE OF THE CIVIL RIGHTS LAWS BY ANY FEDERAL AGENCY?**

YES     NO

<b>IS THIS FACILITY MINORITY OWNED AND OPERATED?</b>	<b>IS THIS FACILITY A REGISTERED WOMAN OWNED AND OPERATED FACILITY?</b>
<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

**CIVIL RIGHTS REVIEW (MUST BE COMPLETED BY FIRST TIME APPLICANTS)**

Collection of racial/ethnic data is for statistical reporting and in no way affects program participation. For information on the racial/ethnic make-up of your area, check with the local Chamber of Commerce, the public library, or the public school system in your area. For racial/ethnic make-up of the participants in the facility, use visual identification or parental report to determine the racial/ethnic category.

	PERCENT RACIAL/ETHNIC MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED.	ACTUAL NUMBER OF PARTICIPANTS ENROLLED IN THE CENTER BY RACIAL/ETHNIC CATEGORY.
AMERICAN INDIAN OR ALASKAN NATIVE	%	
ASIAN	%	
BLACK OR AFRICAN AMERICAN	%	
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	%	
WHITE	%	
WITHIN EACH CATEGORY ABOVE, INDICATE HOW MANY ARE OF HISPANIC OR LATINO ETHNICITY		

<b>SIGNATURE BY THE AUTHORIZED REPRESENTATIVE (S) BELOW CERTIFIES THAT:</b>			
<p>A. The information on the application is true and correct to the best of my knowledge.</p> <p>B. The owner and authorized representative(s) accept final administrative and financial responsibility for the total CACFP operation at the facility, if not under a sponsoring organization.</p> <p>C. Reimbursement will be claimed only for meals and snacks served to enrolled participants.</p> <p>D. Department officials may verify information.</p> <p>E. The owner and authorized representative(s) understand that information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject the authorized representative(s) to prosecution under applicable state and federal criminal statutes.</p> <p>F. The above named facility assures that all participants enrolled in the facilities described on the application form are served the same meals regardless of race, color, national origin, age, sex, or disability, and there is no discrimination in the course of the meal service.</p> <p>G. For pricing facilities, meals will be available to all enrolled participants. A separate charge will be made for the meals. For non-pricing facilities, meals will be made available to all enrolled participants at no separate charge.</p> <p>H. All materials related to the program will contain the following nondiscrimination statement and complaint procedures:</p> <ul style="list-style-type: none"> <li>• In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.</li> <li>• To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.</li> </ul> <p>I. The above named center or facility, and any of its directors, owners, board members, or other principals of the organization, have not been disqualified from participation in any publicly funded program for violating that program's requirements during the past seven years.</p> <p>J. During the past seven years, the board members, owners, directors, or other principals of the organization have not been convicted of any crime indicating a lack of business integrity, such as fraud, antitrust violations, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice or any other activity indicating a lack of business integrity as determined by the state agency .</p> <p>K. If the sponsoring organization is a for-profit organization, the centers under its sponsorship share the same legal entity as the sponsoring organization.</p> <p>L. Only for-profit centers meeting the 25% standard will submit a claim for reimbursement, or will be included in the sponsoring organization's claim for reimbursement. The institution or the sponsoring organization will indicate on the monthly claim the total number of participants which are Title XX and/or Title XIX beneficiaries.</p>			
SIGNATURE OF OWNER OR BOARD PRESIDENT		SIGNATURE OF CENTER DIRECTOR OR OTHER AUTHORIZED REPRESENTATIVE (person authorized to submit CACFP claims for reimbursement)	
TITLE/POSITION	DATE	TITLE/POSITION	DATE
PRINT OR TYPE NAME OF OWNER OR BOARD PRESIDENT		PRINT OR TYPE NAME OF CENTER DIRECTOR OR AUTHORIZED REPRESENTATIVE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)
<b>MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY</b>			
APPROVED BY:	TITLE	DATE	EFFECTIVE DATE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington, D.C.  
20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.  
This statement implementation date is November 2015.