



APPLICATION/CENTER INFORMATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Name of Institution (Check If New or Re-Applying)				<input type="checkbox"/> New Institution <input type="checkbox"/> Re-Applying Institution		FOR PARTICIPATING INSTITUTIONS ONLY		FOR DHSS USE ONLY	
						Current Contract Number		New Contract Number	
Mailing Address of Institution (If Different From Street Address)				Street Address of Institution					
City		State	Zip Code	City		State	Zip Code	County	
Secretary of State Charter Number		Name of Owner or Organization Sponsoring This Institution (If Applicable)							
ENROLLMENT INFORMATION									
Free		Reduced		Paid			Total		
CONTACT INFORMATION									
CACFP SPONSOR CONTACT PERSON/OWNER/BOARD CHAIR									
Name: _____				Position/Title _____					
E-mail: _____									
Phone: _____		Extension: _____		Fax: _____					
Address: <input type="checkbox"/> Mailing Address or <input type="checkbox"/> Street Address									
CENTER DIRECTOR or PRIMARY INSTITUTION CONTACT									
Name: _____				Position/Title _____					
E-mail: _____									
Phone: _____		Extension: _____		Fax: _____					
Date of Birth: Month: _____		Date: _____		Year: _____					
Address: <input type="checkbox"/> Mailing Address or <input type="checkbox"/> Street Address									
TYPE OF INSTITUTION (Only one box in this section may be checked. Be sure to choose the correct box under the appropriate heading).									
CHILD CARE CENTER									
<input type="checkbox"/> NONPROFIT CHILD CARE CENTER, HEAD START OR LICENSE-EXEMPT CHILD CARE CENTER [must be tax-exempt by the Internal Revenue Service. (501c(3) organization)] Submit a copy of your 501c(3) letter.									
<input type="checkbox"/> FOR-PROFIT CHILD CARE CENTER [must be receiving state child care subsidy money from the Family Services Division for at least 25% of enrolled children or 25% of license capacity, whichever is less; or have 25% of enrolled children eligible for free or reduced-price meal reimbursement].									
<input type="checkbox"/> EMERGENCY OR HOMELESS SHELTER									
<input type="checkbox"/> GOVERNMENT OPERATED CHILD CARE CENTER									
OUTSIDE SCHOOL HOURS CARE CENTER									
<input type="checkbox"/> NONPROFIT OUTSIDE SCHOOL HOURS CARE CENTER [a center that only cares for children before or after school, and is a tax-exempt 501c(3) organization].									
<input type="checkbox"/> FOR-PROFIT OUTSIDE SCHOOL HOURS CARE CENTER [must be a for-profit center caring for children before and after school and must be receiving state child care subsidy money from the Family Support Division for at least 25% of enrolled children or 25% of license capacity, whichever is less].									
AT-RISK AFTER SCHOOL									
<input type="checkbox"/> GOVERNMENT OPERATED AT-RISK AFTER SCHOOL									
<input type="checkbox"/> SCHOOL OPERATED AT-RISK AFTER SCHOOL									
<input type="checkbox"/> NONPROFIT AT-RISK AFTER SCHOOL PROGRAM [center must be located in an area served by a school where 50% or more of children enrolled in that school are eligible for free or reduced price school lunches. Must be a tax-exempt 501c (3) organization].									
<input type="checkbox"/> FOR-PROFIT AT-RISK AFTER SCHOOL PROGRAM [must be caring for children in an at-risk setting, as described above, and must be receiving state subsidized child care payments from the Family Support Division for at least 25% of enrolled children or 25% of license capacity, whichever is less; or have 25% of enrolled children eligible for free or reduced price meal reimbursement].									
ADULT DAY CARE CENTER [Adult day care centers may not receive Title III of the Older Americans Act funding if participating in the CACFP].									
<input type="checkbox"/> NONPROFIT ADULT DAY CARE CENTER [must be a licensed, tax-exempt, 501c(3) organization, caring for adults in a nonresidential setting].									
<input type="checkbox"/> FOR-PROFIT ADULT DAY CARE CENTER [must be receiving Title XIX payments for at least 25% of enrolled adults in a nonresidential setting].									
CENTER ADMINISTRATION									
<input type="checkbox"/> Legal Entity of the Sponsor									
<input type="checkbox"/> Legally Separate from the Sponsor									

LICENSING INFORMATION

Is this a licensed center?

Yes 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 SEPT

Age range of participants enrolled at this site (check all that apply)

0-11 MONTHS 1-2 YEARS 3-5 YEARS 6-12 YEARS 13-18 YEARS 18 YEARS –OVER

If this institution is not licensed by any state or federal authority, is the institution 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).
 N/A (if N/A, in a school building)

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

Is this institution authorized to provide overlap care?

Yes (if yes, include a copy of your overlap authorization – form BCC-16 child care facility overlap request).
 No

Hours of Operation

FROM _____ TO _____

Days of Operation

M T W Th F S Su

AFTER-SCHOOL HOURS PROGRAMS

List all regularly scheduled supervised, educational or enrichment activities below:

School District _____

School Full Name _____

Percent of Free/Reduced-Priced Eligible Students _____%

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	D. Total Number of Participants Enrolled (A+B+C)

MEAL SERVICE

MEALS FOR WHICH REIMBURSEMENT IS REQUESTED (a center may claim up to two meals and one snack or two snacks and one meal 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, with exception of weekends and holidays.)

Check the meals and snacks to be claimed.	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Evening Snack
Begin Time						
End Time						

Note: Meals and snacks may take no more than two hours from start to finish. Meal times should be consistent and held at a time traditionally considered as the normal serving time. For Child Care Centers and Adult Day Care Centers, two hours must elapse between the end of one meal service and beginning of another; this does not apply to At Risk Afterschool.

DO YOU SERVE MEALS ON HOLIDAYS? Yes No (if "yes", check all that apply)

New Year's Presidents Day Martin Luther King Columbus Day
 Election Day Veteran's Day Memorial Day Labor Day
 Independence Day Easter Thanksgiving Christmas
 Other(s) _____

TYPE OF FOOD SERVICE		
MEAL PREPARATION		
<input type="checkbox"/> ON SITE <input type="checkbox"/> CENTRAL KITCHEN (Meals are prepared off-site from the institution in a kitchen owned and operated by the institution.) Address of Central Kitchen: _____ <input type="checkbox"/> SCHOOL FOOD AUTHORITY (Submit a copy of the agreement.) <input type="checkbox"/> COMMERCIAL CATERER (VENDOR) (Contact DHSS for information on procuring contracts for food service. Submit a copy of current food service contract.)		
Contract For Commercial Caterer <input type="checkbox"/> Vendor Contract < \$100,000 <input type="checkbox"/> Vendor Contract > = \$100,000		
Vendor(Caterer) Name (If Applicable)		
Contract Begin Date:	Contract End Date:	
Is this a pricing or non-pricing program? <input type="checkbox"/> 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 DHSS for more information regarding charges for meals.) <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is this institution minority owned and operated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this institution a registered woman owned and operated institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CIVIL RIGHTS REVIEW OF INSTITUTION LOCATION (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 Institution, 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		

SIGNATURE			
SIGNATURE BY THE AUTHORIZED REPRESENTATIVE (S) BELOW CERTIFIES THAT:			
<ul style="list-style-type: none"> ➤ The information on the application is true and correct to the best of my knowledge. ➤ The owner and authorized representative(s) accept final administrative and financial responsibility for the total CACFP operation at the institution, if not under a sponsoring organization. ➤ Reimbursement will be claimed only for meals and snacks served to enrolled participants. ➤ Department officials may verify information. ➤ 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. ➤ The above named facility assures that all participants enrolled in the institutions 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. ➤ For pricing institutions, meals will be available to all enrolled participants. A separate charge will be made for the meals. For non-pricing institutions, meals will be made available to all enrolled participants at no separate charge. ➤ All materials related to the program will contain the following nondiscrimination statement and complaint procedures: <ul style="list-style-type: none"> • 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. • 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 (866) 632-9992. USDA is an equal opportunity provider and employer. ➤ 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. ➤ 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. ➤ If the sponsoring organization is a for-profit organization, the centers under its sponsorship share the same legal entity as the sponsoring organization. ➤ 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. 			
SIGNATURE OF CACFP 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	
LAST FOUR DIGITS of SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)	LAST FOUR DIGITS of SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY			
APPROVED BY:	TITLE:	DATE:	EFFECTIVE DATE:

MO-580-2187 (11/17)

INSTRUCTIONS: PLEASE MAKE A COPY FOR YOUR FILES BEFORE MAILING

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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, religious creed, disability, age, political beliefs, 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, audiotape, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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.
- This institution is an equal opportunity provider.

Return by mail, fax or scan and email to:

**Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
PO Box 570
Jefferson City, MO 65102
Fax: 573-526-3679
cacfp@health.mo.gov**