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|  **COMPLETE A SEPARATE FORM FOR EACH CENTER/SITE** |
| NAME OF CENTER/SITE      |
| STREET ADDRESS OF CENTER/SITE      |
| CITY      | STATE       | ZIP CODE      | COUNTY      |
| TYPE OF CENTER/SITE[ ]  CHILD CARE CENTER[ ]  ADULT DAY CARE CENTER[ ]  AT-RISK AFTERSCHOOL PROGRAM[ ]  OUTSIDE SCHOOL HOURS CARE CENTER[ ]  EMERGENCY SHELTER |
| SELECT YOUR LICENSING/REGISTRATION STATUS:[ ]  POSSESS A LICENSE [ ]  EXEMPT FROM LICENSING |
| IS THE PROGRAM A LEGAL ENTITY OF THE SPONSOR? (THE SPONSOR OWNS THE PROGRAM)[ ]  YES [ ]  NO |
| IS THE PROGRAM LEGALLY SEPARATE FROM THE SPONSOR? (SPONSOR ONLY PROVIDES FOOD PROGRAM RESPONSIBILITIES)[ ]  YES [ ]  NO |
| LICENSED DAY CARE HOMES ARE INELIGIBILE – SIMULTANEOUS PARTICIPATION IN BOTH CACFP AND SFSP FOR THE SAME CHILDREN IS NOT ALLOWED. THIS IS CONSIDERED DUAL PARTICIPATION. |
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| **YOU MUST SUBMIT COMPLETED CACFP POTENTIAL NEW SPONSOR QUESTIONNAIRE AND A CENTER/SITE ELIGIBILITY QUESTIONNAIRE FOR EACH CENTER/SITE TO** **CACFP@HEALTH.MO.GOV** |
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