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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**](mailto:CACFP@HEALTH.MO.GOV) | | | |
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