

## Day Care Home Provider Application

Institution Information		
Institution Name	Agreement Number	Program Year
		<b>2014-2015</b>

<b>Action:</b> (select <u>one</u> )	<input type="radio"/> Add	<input type="radio"/> Drop	<input type="radio"/> Change
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Day Care Home Provider Information						
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<b>Provider Name:</b>	First	Middle	Last	<b>SSN:</b> 999-99-9999			
<b>Street Address:</b>				<b>Registration Type:</b> (select <u>one</u> )	<input type="radio"/> License	<input type="radio"/> Military	<input type="radio"/> Alternate Approval
<b>Mailing Address :</b>				<b>Registration/ License No:</b>			
<b>City:</b>				<b>Effective Date:</b> (MM/DD/YYYY)	Month	Day	Year
<b>State:</b>		<b>Zip Code:</b>		<b>Phone:</b> (   )			
<b>County:</b>				<b>Email:</b>			

Meal Times (check all that apply ✓)									
Meal	Begin	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Breakfast			<input type="checkbox"/>						
Morning Snack			<input type="checkbox"/>						
Lunch			<input type="checkbox"/>						
Afternoon Snack			<input type="checkbox"/>						
Supper			<input type="checkbox"/>						
Evening Snack			<input type="checkbox"/>						

Provider Name \_\_\_\_\_

Provider's Eligibility											
<input type="radio"/> Yes <input type="radio"/> No		Provider eligible to claim own children?									
Months Approved for the Fiscal Year (check all that apply ✓)											
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Information (select only one)									
Tier Level:	<input type="radio"/> Tier 1		<input type="radio"/> Tier 2 Low		<input type="radio"/> Tier 2 Mixed		<input type="radio"/> Tier 2 High		
Date of DCH Provider's tier classification:			Month	Day	Year				
Circle Source of Tier Data (A, B, C, D)									
<b>Tier I</b>	A.	Name of elementary school:							
		% Needy							
		Year of school data							
	B.	Provider Income: _____ / year / month / week or Food Stamp #							
		Family Size:							
	C.	Census Data (year 2010)							
<b>Tier II</b>	D.	Does the Day Care Home Provider request that the Sponsoring Organization obtain eligibility applications from participants' families in order to document Tier status and possible higher reimbursement rates? <input type="checkbox"/> Yes <input type="checkbox"/> No							

**I certify that** this Day Care Home Provider Application is true and correct, and that it is in accordance with the terms of existing Agreement(s). I further 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 statutes.

**Sign Here** ► \_\_\_\_\_

Keep Original for your records.      Signature of Sponsoring Organization Authorized Representative      Date of Preparation

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Printed Name of Sponsoring Organization Authorized Representative