FDCH APPLICATION FOR PARTICIPATION FOR FAMILY DAY CARE HOMES

Child Nutrition Programs - USOE

Orem Child Care Nutrition Program, Inc.

APPROVAL TYPE: ☐ LICENSED ☐ RESIDENTIAL CERTIFICATE ☐ RELATIVE CARE

☐ NEW ☐ TRANSFER ☐ CHANGE ☐ RENEWAL ☐ INACTIVE

TIER CLASSIFICATION: ☐ Tier 1 ☐ Tier 2 ☐Tier 2 Mixed **7/08**

1) Provider's Identification Number: ______________________
(office use only)

2) APPLICATION Period: From _________ 20____ To _______ 20____

3) **Provider Information: (PRINT CLEARLY)**

Name: ______________________________

Address: ______________________________

City:________________State:____ Zip: ______

Phone Number: (____)__________________

Cell Number: (____)__________________

Email Address: ______________________

Date of Birth ________________________

4) (*Initial application only)* Have you or any other member of your household ever participated with another food sponsor?

Yes* No

*If **yes**, please answer the following:

Name of sponsor _____________

Name of person(s) who participated

____

Date last claimed______________

(*If you stated yes, a formal transfer is ***required;*** forms are available upon request.)

5) Income eligible for Provider's own children (for office use only):
Yes ☐ No ☐

6) **School, Census or Income (for office use only):**

A. ☐ **School**
District:
Elementary School Name:
Expiration date:

B. ☐ **Census**
Block number:
Expiration date:

C. ☐ **Income**
Expiration date:

7) List Holiday(s) child care is provided:

8) List hours child care is provided:

From:

To:

9) Circle days of week day care is provided:

S M T W Th F S

10) **Meals claimed:**

A. Breakfast	☐	_______ to _______	
B. A.M. Snack	☐	_______ to _______	
C. Lunch	☐	_______ to _______	
D. P.M. Snack	☐	_______ to _______	
E. Dinner	☐	_______ to _______	
F. Eve. Snack	☐	_______ to _______	

Alternate meal times/days: (optional)

Specify alternate days:_____________

A. Breakfast	☐	______ to ______
B. A.M. Snack	☐	______ to ______
C. Lunch	☐	______ to ______
D. P.M. Snack	☐	______ to ______
E. Dinner	☐	______ to ______
F. Eve. Snack	☐	______ to ______

11) Provider's own children under 4 years of age: ______

12) Is there a second substitute caregiver:
Yes ☐ No ☐
If yes, list name(s):

13) Provider's language of choice:

14) **Licensed / Certificate** ☐

Relative Care ☐

A. Expiration date _________

B. Capacity _________

C. # of children 2 & under _________

D. # of Own children _______

E. # of Non-Residential _______

15) Provider works outside of home: Yes ☐ No ☐
If yes, hours of work: from_______ to ______ and name of work place:

16) Have you ever been denied or had revoked a state child care license or residential certificate?
Yes ☐ No ☐
If **yes** When? _____________
Explain:

17) Have you ever been terminated from the Food Program?
Yes ☐ No ☐
If **yes** When? _____________
Explain:

18) **Ethnicity:** (You may choose not to answer this question and it will be filled out in the office to the best of the staff's ability)
☐ Hispanic
☐ Non-Hispanic

19) **Race:** (You may choose not to answer this question and it will be filled out in the office to the best of the staff''s ability)
☐ American Indian or Alaskan Native ☐ Asian ☐ Black
☐ Pacific Islander ☐ White

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I certify that I am not currently enrolled under any other Sponsoring Organization of the Family Day Care Home Program. *I understand this application is good during the period listed in box number two (2) above.*

Signature of provider:	**Date**	**Signature of sponsor representative:**	**Date:**

Amendment to Application Meal Times			
8) What hours care is provided: from ________ to ________	10) **Meals claimed:** A. Breakfast ☐ ________ to ________ B. A.M. Snack ☐ ________ to ________ C. Lunch ☐ ________ to ________ D. P.M. Snack ☐ ________ to ________ E. Dinner ☐ ________ to ________ F. Eve. Snack ☐ ________ to ________ (minimum of 2 hours between meal / snacks required)	**Alternate meal times/days:** (optional) Specify alternate days:______________________ A. Breakfast ☐ ________ to ________ B. A.M. Snack ☐ ________ to ________ C. Lunch ☐ ________ to ________ D. P.M. Snack ☐ ________ to ________ E. Dinner ☐ ________ to ________ F. Eve. Snack ☐ ________ to ________	
9) Days of week day care is provided: ☐ Sunday ☐ Thursday ☐ Monday ☐ Friday ☐ Tuesday ☐ Saturday ☐ Wednesday			

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