

**Child Nutrition & Wellness, Kansas State Department of Education
Child and Adult Care Food Program (CACFP)
Center Site Application**

Sponsor Name: _____ Sponsor Number: _____

Site Name: _____ Site Number: _____

Does this site enroll infants under 12 months of age? Yes No

Street Address	Mailing Address
Address: _____	Address: _____
Address (cont.): _____	Address (cont.): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
County: _____	County: _____

Check if street address is the same as the mailing address.

Site Operation (Nonprofit or For-profit)

Check one: Nonprofit For-profit

Primary Program Type

- Child Care Center
- Head Start
- Outside School Hours Center (OSHC)
- Area Eligible Snack Program
- Emergency Shelter
- Adult Day Care Center

Secondary Program Type (if applicable)

- Child Care Center
- Head Start
- Outside School Hours Center (OSHC)
- Area Eligible Snack Program
- Emergency Shelter
- Adult Day Care Center

Months Served

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Oct | <input type="checkbox"/> Apr |
| <input type="checkbox"/> Nov | <input type="checkbox"/> May |
| <input type="checkbox"/> Dec | <input type="checkbox"/> Jun |
| <input type="checkbox"/> Jan | <input type="checkbox"/> Jul |
| <input type="checkbox"/> Feb | <input type="checkbox"/> Aug |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Sep |

Licensing

License Number: _____

Effective Date (M/D/Y): _____

Type of License (check one):

<input type="checkbox"/> KDHE	<input type="checkbox"/> SRS
<input type="checkbox"/> Military	<input type="checkbox"/> Medicare
<input type="checkbox"/> Tribal	<input type="checkbox"/> Exempt

Capacity: _____

Expiration Date (M/D/Y): _____

Type of Food Service

Meal Preparation:

- On-site
- Central Kitchen
- School Vendor
- Commercial Vendor

If school or commercial vendor, list vendor name: _____

Contract Type:

- Non-solicitation Contract
- Procedural Agreement
- Solicitation Contract

Meals Served	Begin Time	End Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>