

Child & Adult Care Food Program (CACFP) Initial Center Site Application

Site Name: _____

| Mailing Address | Street Address |
|--|----------------------------|
| Address: _____ | Address: _____ |
| Address (continued): _____ | Address (continued): _____ |
| City: _____ | City: _____ |
| State: _____ Zip: _____ | State: _____ Zip: _____ |
| County: _____ | County: _____ |
| <input type="checkbox"/> Check if the street address is the same as the mailing address. | |
| Site Contact | |
| Name: _____ | |
| Phone: _____ Ext: _____ Email: _____ | |

Site Operation

Check one: Nonprofit For-profit

Program Type (Choose one)

- Summer Food Service
- Child Care Center
- Head Start
- Outside School Hours Care
- At-Risk Afterschool Meals/Snacks

Is this site organized primarily to provide care for children after school or on weekends, holidays, or school vacations during the regular school year? Yes No

Is this site located in an attendance area of a school where at least 50% or more of the children are eligible for free or reduced price meals? Yes No

Will the site claim meals/snacks during summer vacation? Yes No

If YES, is the site located in the attendance area of a school operating on a year-round calendar?
 Yes No

Adult Day Care Center

Does the site provide nonresidential care services to functionally impaired adults or persons 60 years of age or older in a group setting? Yes No

Does the site provide a structured, comprehensive program that provides a variety of health, social and related support services? Yes No

Does the site have an individual plan of care for each participant? Yes No

Describe how the plans of care are created for each participant?

Emergency Shelter

Does this site provide temporary shelter and food services to homeless children? Yes No

Child Care Licensing

Type of License: KDHE DCF Military Tribal Dept. of Aging Exempt

License Number: _____ Capacity: _____

Effective Date: _____ Expiration Date: _____

Type of Food Service

Meal Preparation: On-Site Central Kitchen School Vendor Commercial Vendor

If School or Commercial Vendor, list vendor name: _____

Does this site have a Kansas Food Establishment License? Yes No

If yes, license number: _____ If yes, date of last inspection: _____