Day Care Home Provider Application

Institution Information		
Institution Name	**Agreement Number**	**Program Year**
		2016-2017

Action: (select one)	O **Add**	O **Drop**	O **Change**

Day Care Home Provider Information								
Provider Name:	First	Middle	Last	**SSN:** 999-99-9999				
Street Address:				**Registration Type:** (select one)	**License** O	**Military** O	**Alternate Approval** O	
Mailing Address :				**Registration/ License No:**				
City:				**Effective Date:** (MM/DD/YYYY)	Month	Day	Year	
State:		**Zip Code:**		**Phone: ( )**				
County:				**Email:**				

Meal Times (check all that apply √)									
Meal	**Begin**	**End**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Breakfast			☐	☐	☐	☐	☐	☐	☐
Morning Snack			☐	☐	☐	☐	☐	☐	☐
Lunch			☐	☐	☐	☐	☐	☐	☐
Afternoon Snack			☐	☐	☐	☐	☐	☐	☐
Supper			☐	☐	☐	☐	☐	☐	☐
Evening Snack			☐	☐	☐	☐	☐	☐	☐

Provider Name _____

Provider's Eligibility	
○ Yes ○ 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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Tier Information (select only one)

Tier Level:	○ Tier 1	○ Tier 2 Low	○ Tier 2 Mixed	○ Tier 2 High

Date of DCH Provider's tier classification:	Month	Day	Year	

Circle Source of Tier Data (A, B, C, D)

Tier I	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)
Tier II	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? □ Yes □ 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

_____

Printed Name of Sponsoring Organization Authorized Representative