

**Child and Adult Care Food Program (CACFP)  
Report of Disqualification from Participation  
Family Day Care Home Provider**

<b>Sponsoring Organization Imposing Disqualification:</b>			
Sponsoring Organization Name:			Agreement Number:
Sponsoring Organization Address:			
Street Address:			
City/State/Zip:			
Last Name:		First Name:	
		Middle Initial:	
Also Known As:			
Name of Day Care Home:			
FDCH Provider's		Street Address:	
Mailing Address:		City/State/Zip:	
FDCH Providers Date of Birth:			
Termination Date:			
Has the FDCH Provider failed to repay a debt owed under the program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Total Amount Owed ( <i>If Applicable</i> ) :
<b>Reasons(s) for Disqualification - Providers: (Check all that apply. At least one must be checked.)</b>			
<b>( If Any other circumstance or Other is chosen, reason must be explained)</b>			
<input type="checkbox"/>	Submission of false information on application		
<input type="checkbox"/>	Submission of false claims for reimbursement		
<input type="checkbox"/>	Simultaneous participation under more than one sponsoring organization		
<input type="checkbox"/>	Non-compliance with the program meal pattern		
<input type="checkbox"/>	Failure to keep required records		
<input type="checkbox"/>	Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety		
<input type="checkbox"/>	A determination that the day care home has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity		
<input type="checkbox"/>	Any other circumstance related to non-performance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency		
<input type="checkbox"/>	Other: Describe:		