



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Child Nutrition Services
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200

Child and Adult Care Food Program SITE APPLICATION

(This form must be completed for each site.)

SITE INFORMATION

SPONSOR NAME	SITE NUMBER	AGREEMENT NUMBER	PROGRAM YEAR
SITE NAME	COUNTY		
ADDRESS			
CITY	STATE	ZIP	
SITE CONTACT NAME (First, Middle, Last)	PHONE	FAX	
TITLE	E-MAIL		

PROGRAM TYPE

Check all that apply.

<input type="checkbox"/> Adult Care Center	<input type="checkbox"/> Child Care
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start
	<input type="checkbox"/> Outside School Hours
	<input type="checkbox"/> ECEAP
	<input type="checkbox"/> At-Risk
	<input type="checkbox"/> Emergency Shelter

ORGANIZATION TYPE

Organization Type: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit	Number of Free and Reduced: _____	Total Enrolled: _____
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MEAL PREPARATION

INDICATE METHOD BY WHICH MEALS WILL BE PROVIDED:

- | | |
|---|---|
| <input type="checkbox"/> a. Preparation at meal service location (on site)
<input type="checkbox"/> b. Preparation at central kitchen and transported
<input type="checkbox"/> c. Under contract with local school system | <input type="checkbox"/> d. Under contract with food service management company*
<input type="checkbox"/> e. Vendor cost will exceed \$100,000 (refer to OSPI procurement standards) |
|---|---|

*Contract form must be signed by sponsor and vendor.

☐ Vendor/School Name _____

AT-RISK

SCHOOL DISTRICT	School Year Beginning Date _____
QUALIFYING PUBLIC SCHOOL NAME	School Year Ending Date _____
Activities: <input type="checkbox"/> Educational <input type="checkbox"/> Enrichment	
Describe Educational/Enrichment Activities:	

AGE OF ENROLLED CHILDREN

Yes No

☐ ☐

Are infants (under 1 year of age) enrolled?

☐ ☐

Is the site claiming infants (under 1 year of age)?

ADULT CARE CENTER INFORMATION ONLY

Yes No

☐ ☐

Will this adult center limit its reimbursement to meals served only to enrolled participants who remain in the community and reside with family members or other caregivers who would benefit from the respite which adult care service could provide?

☐ ☐

Does this adult center offer a structured, comprehensive program that provides a variety of health, social, and related support services to enrolled adult participants?

☐ ☐

Does this adult center have approval to provide day care services to functionally impaired adults in a group setting outside their home on a less than 24-hour basis?

☐ ☐

Does this center serve adults over 60 years of age?

☐ ☐

Does this center serve functionally impaired adults over 60 years of age?

☐ ☐

Does this center serve functionally impaired adults under 60 years of age?

☐ ☐

Does this center have individual plans of care for all functionally impaired adults who are enrolled and participating in the Child and Adult Care Food Program?

☐ ☐

Does this center receive reimbursement under Title III of the Older Americans Act?

☐ ☐

Does this center receive reimbursement from the Child and Adult Care Food Program and funding from Title III for the same meals?

FIRE AND SAFETY PERMITS**At-risk, emergency shelters, and outside school hour centers.**

Yes No

☐ ☐

I have enclosed a current safety/sanitation permit.

Expiration date: _____

Yes No

☐ ☐

I have enclosed a current fire/building permit.

Expiration date: _____

LICENSING**OPERATING MONTHS**

Send a copy of current license.

Expiration Date _____

License Capacity _____

License Number _____

Ages of children on license from: _____ to: _____

☐ Oct☐ Nov☐ Dec☐ Jan☐ Feb☐ Mar☐ Apr☐ May☐ Jun☐ Jul☐ Aug☐ SepAll Months ☐**HOURS OF OPERATION**

This center will open at: _____ And will close at: _____

☐ 24 hour care

Yes No

☐ ☐

Closed two or more weeks?

☐ ☐

If yes, list closing dates and reopening dates: _____

☐ ☐

Do you serve meals in shifts?

MEAL SERVICE INFORMATION				
Meals Served	Meal Service Information (Excluding Emergency Shelter)		Emergency Shelter Meals Meal Service Information	
	Begin	End	Begin	End
Breakfast				
A.M. Snack				
Lunch				
P.M. Snack				
Supper				
Night Snack				
At-Risk - ASCS				

Start and stop times of meal service must be in 15 minute increments and must start on the quarter hours.

Check the days the site operates the CACFP

Sun	Mon	Tue	Wed	Thu	Fri	Sat	Mon-Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSPI USE ONLY FOR AT-RISK SITE	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent Free and Reduced _____
Qualification School Year _____	At-Risk Beginning Date of Eligibility _____
	At-Risk Expiration Date _____

