

Heartland Child Nutrition, Inc.

Sponsor of the USDA Child and Adult Care Food Program

FOR OFFICE USE

FY _____

Prov. # _____

Application for Participation in the USDA Child and Adult Care Food Program

| <p>1. Name of Provider _____</p> <p>Maiden Name and any Other Name used previously _____</p> <p>Mailing Address _____</p> <p>City _____ Zip _____ - _____</p> <p>Child Care Facility Street Address (if different) _____</p> <p>_____</p> <p>City _____ Zip _____ - _____</p> <p>County _____ Phone _____</p> <p>Elementary School District _____</p> <p><i>If you would like to receive Heartland's E-Newsletter, please list your email address:</i></p> <p>_____</p> | <p>2. Name & Address of Sponsor <i>Heartland Child Nutrition, Inc.</i> <i>P.O. Box 1218, Bismarck, ND 58502-1218</i></p> <p>3. Have you ever been enrolled in the CACFP before? _____</p> <p>If so, when? _____</p> <p>Where? (Sponsor) _____</p> <p>4. How did you hear about Heartland?</p> <p>____ Social Services ____ Regional Director</p> <p>____ Heartland Provider ____ Other: _____</p> <p>5. How many children do you have enrolled? Number of provider's children participating in the CACFP: _____</p> <p>Other: _____</p> <p>Total: _____</p> <p>Number of provider's children 12 years & younger: _____</p> <p>11. What brand(s) of formula will you offer to all infants.? _____</p> <p>12. The Serious Deficiency process/procedure was reviewed with the provider? Yes _____ No _____</p> <p>14. Have you ever been convicted of any crime in the past seven years? ____ Yes ____ No</p> <p>If yes, describe: _____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------|----------------------|------|------------------|----------------------|---------|-----|-----------|-------|-------|---------|-----|---------------|-------|-------|---------|-----|-------|-------|-------|---------|-----|-----------------|-------|-------|---------|-----|--------|-------|-------|---------|-----|---------------|-------|-------|
| <p>6. What hours do you <u>normally</u> care for children other than your own?</p> <p>From _____ To _____</p> | <p>7. Circle days of the week you <u>normally</u> care for children other than your own.</p> <p style="text-align: center;">S M T W TH F S</p> | <p>8. Number of weeks per year you <u>normal-ly</u> care for children other than your own?</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. What is the age range of enrolled children according to your lic./reg.?</p> <p>From: _____ To: _____</p> | <p>10. Check the holidays, if any, your facility will <u>normally</u> be open.</p> <p><input type="checkbox"/> New Year's Day <input type="checkbox"/> Memorial Day</p> <p><input type="checkbox"/> July 4th <input type="checkbox"/> Labor Day</p> <p><input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas Day</p> <p><input type="checkbox"/> Other: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>13. Which meals will you claim? (Use "N" for Normal, "P" for Potential, and "SS" for Split Shift)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">N/P</th> <th style="text-align: left;">SS</th> <th style="text-align: left;">Meal</th> <th style="text-align: left;">Time Meal Served</th> <th style="text-align: left;">Times SS Meal Served</th> </tr> </thead> <tbody> <tr> <td>[] []</td> <td>[]</td> <td>Breakfast</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>[] []</td> <td>[]</td> <td>Morning Snack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>[] []</td> <td>[]</td> <td>Lunch</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>[] []</td> <td>[]</td> <td>Afternoon Snack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>[] []</td> <td>[]</td> <td>Supper</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>[] []</td> <td>[]</td> <td>Evening Snack</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | N/P | SS | Meal | Time Meal Served | Times SS Meal Served | [] [] | [] | Breakfast | _____ | _____ | [] [] | [] | Morning Snack | _____ | _____ | [] [] | [] | Lunch | _____ | _____ | [] [] | [] | Afternoon Snack | _____ | _____ | [] [] | [] | Supper | _____ | _____ | [] [] | [] | Evening Snack | _____ | _____ |
| N/P | SS | Meal | Time Meal Served | Times SS Meal Served | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Breakfast | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Morning Snack | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Lunch | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Afternoon Snack | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Supper | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] [] | [] | Evening Snack | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

OFFICE USE

Tier I _____ Tier II _____ School Eligibility Yes _____ No _____ Census Eligibility Yes _____ No _____

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Agency officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I am not currently participating in the Child and Adult Care Food Program under any other sponsoring organization. I further understand that reimbursement from Heartland Child Nutrition, Inc. and the USDA Child and Adult Care Food Program is contingent upon funding received from the United States Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. I have read and understand the above mentioned statement and agree to follow policy mandated by the USDA.

Regional Director Signature _____ Date _____ Provider Signature _____ Date _____

White - Administrative Office

Canary - Regional Director

Pink - Provider