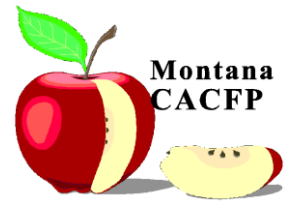


# Change in Information Form

## CHILD AND ADULT CARE FOOD PROGRAM



### Sponsor/Provider Agreement Attachment

DCH Provider: Please complete the applicable section[s] below

#### Section A: Change of Name

Please change my name from \_\_\_\_\_ to my current name

\_\_\_\_\_ Effective Date of Change: \_\_\_\_\_  
CURRENT NAME

#### Section B: Change of location where day care will be provided

(NAME): \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

OLD Address: \_\_\_\_\_  
STREET CITY STATE ZIP

NEW Address: \_\_\_\_\_  
STREET CITY STATE ZIP

#### Section C: Change in meal times

(NAME): \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

The following meal times are the new start times that will be claimed for reimbursement:

\_\_\_\_\_ Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_ Supper \_\_\_\_\_ Evening Snack

#### Section D: New business operating /days/hours of care

(NAME): \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Business Hours \_\_\_\_\_ am - \_\_\_\_\_ pm **Circle** Business days of week: Sun Mon Tues Wed Thurs Fri Sat  
[Must be indicated on DPHHS QAD Registration form]

I understand:

1. that the Change in Information Form is a part of my Sponsor/Provider Agreement;
2. that completing this form replaces the requirement to complete a new Sponsor/Provider Agreement when I change my name, address, meal times, or business days/hours and forms a part of my existing agreement;
3. that I must supply a copy of my current registration reflecting the changes to my Sponsor; and
4. 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 criminal statutes.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of "Sponsor's" Authorized Representative

\_\_\_\_\_  
Date

*"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."*

1 copy to Sponsor

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Rev. 02/2011

1 copy to Provider