**Child and Adult Care Food Program**

**PROVIDER SITE APPLICATION**

**METROPOLITAN DEVELOPMENT COUNCIL**

**721 FAWCETT AVE TACOMA WA 98402**

**253-284-7865**

This form must be completed annually for each provider.

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| **Sponsor Information** | | | | | | | | |
| Sponsor Name  METROPOLITAN DEVELOPMENT COUNCIL | | | | | Sponsor Number  159192 | | | Program Year  2025 |
| **Provider Information** | | | | | | | | |
| Provider Full Legal Name (first, middle, last) | | | | | | | Registration Type  DCYF | |
| Any Other Name Previously Used | | | | | | | License Number | |
| Address | | | | | | | Expiration Date | |
| City | | State | | Zip | | | License Capacity | |
| County | | | | Date of Birth | | | External DCH Number | |
| Phone Number | | | | E-mail | | | Provider ID Number | |
| **Tier Information** | | | | | | | | |
| Tier Level:  Tier I  Tier II  Tier II mixed | | | | | | | | |
| If Tier level 1, please complete the following information:  School  Income  Census | | | | | | | | |
| Yes  No Tier I Provider based on Basic Food. | | | | | | | | |
| Yes  No Tier I Provider eligible to claim own children based on Basic Food. | | | | | | | | |
| Basic Food Number: | | | | | | | | |
| **Day Care Home Provider Information** | | | | | | | | |
| Yes  No Provider eligible to claim own children? | | | | | | | | |
| Yes  No Do you claim meals for infants? | | | | | | | | |
| Yes  No Do you care for children in more than one shift? | | | | | | | | |
|  | Number of provider’s own children. | | | | | | | |
| From:  To: | Age of enrolled children including infants. | | | | | | | |
| From:  To: | Hours of operation. | | | | | | | |
| **Months Served** | | | | | | | | |
| All Months Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep | | | | | | | | |
| **Meal Times** | | | | | | | | |
| M-F Mon Tue Wed Thu Fri Sat Sun | | | | | | | | |
| Breakfast USUAL MEAL SERVICE TIME | | | Begin | End | | Start and stop times of meal service information  must be in 15 minute increments and must start  and end on the quarter hour. | | |
| A.M. Snack | | |  |  | |
| Lunch | | |  |  | |
| P.M. Snack | | |  |  | |
| Supper | | |  |  | |
| Evening Snack | | |  |  | |

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| **Certification** |
| I certify that my home is not participating in the Child and Adult Care Food Program under any other sponsoring organization. I further 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 OSPI or U.S. Department of Agriculture, may, for cause, verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, gender, age, or disability. I understand that all children will receive meals at no extra change while they are in care during any of the scheduled meal services.    Signature of Provider Date Signature of Sponsoring Organization Representative Date |