



PROVIDER PRE-ENROLLMENT
Child and Adult Care Food Program

Sponsor: _____

	Provider (Last name first)	Facility License PV#	License Expiration Date	City where Facility is Located

Sponsor: _____
SIGNATURE AND DATE

Sponsor: _____
SIGNATURE AND DATE
(Use only if additional information was sent to State agency)

STATE AGENCY USE ONLY

<input type="checkbox"/> Each Provider listed is not currently on the State or National CACFP Disqualified List <input type="checkbox"/> Each facility is currently licensed <input type="checkbox"/> No facility listed is participating under more than one sponsor	<input type="checkbox"/> All above are approved <input type="checkbox"/> All but the following are approved: _____ _____ State Agency Signature and Date
Comment _____ Additional Information Verified: _____ <div style="text-align: center;">State Agency Signature and Date</div>	