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

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 1 copy to Provider