

# 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

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