

CACFP – Enrolled Homes & Update Form

Effective Month _____

Name of Sponsor _____

Date Submitted _____

Agreement Number _____

Page _____ **of** _____

Provider Information: _____ Addition _____ Deletion
 SS# _____
 Last, First Name _____
 Address _____
 City _____ State _____ Zip _____
 County _____ Phone Number _____
 Registration Exp. _____ Registration # _____
 FDCH/GDCH License # _____
 Date of last inspection: _____
 Informal Provider: Date of Service _____
Form 62

No. of Children

Tiering Status: Tier I _____ FS# _____
 Tier II Higher _____
 (Circle One) Tier II Lower _____
 Tier II Mixed F&R _____ Not F&R _____

State Date _____ Termination Date _____

Eligibility Info: (Circle below)
 School Data _____ Census Data _____ Provider's Income _____ Child's Family Income _____

Days of Week that this Home Provides Care _____

Type of Meals Served: (Circle all that apply)
 Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____

Provider Information: _____ Addition _____ Deletion
 SS# _____
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 Address _____
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This form MUST have current registrations and/or license/inspection reports and an Enrolled Homes & Update Summary Form attached to be COMPLETE.