

**Child and Adult Care Food Program-Adult Programs Only**

**Center/Site Information**

<b>Center's Legal Name</b>			
<b>Doing Business Name of Center</b>			
<b>Federal Employer Identification #</b>			

**Section A – Center/Site Address and Contact**

<b>(Item #A-1) Street Address</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>		<b>County:</b>	

<b>(Item #A-2) Mailing Address</b>			
<b>Address:</b>			
<b>City, State, Zip:</b>		<b>County:</b>	

<b>(Item #A-3) Center/Site Contact</b>			
<b>Name (First, Middle, Last):</b>			
<b>Phone (e.g., 555-555-5555):</b>	<b>Ext:</b>		<b>Position:</b>
<b>Fax (e.g., 555-555-5555)</b>			<b>Email:</b>

**Section B – Licensing and Operating Months Information**

<b>(Item #B-1)</b>	<b>Licensing Information</b>		
	*As of January 7, 2015, State law requires adult day care centers which provide adult care services to be licensed and/or approved to operate by the Georgia Department of Community Health. Refer to Bright from the Start Policy 33-Revision Effective Date 9/1/2015) for more information.		
<b>Approval Type:</b>	<input type="checkbox"/> License or Approval to Operate (DCH) <input type="checkbox"/> Other Federal, State, or local authority	<b>If other, indicate approving authority:</b>	
<b>License Number (if assigned)</b>	_____		
<b>Building Capacity (based on Certificate of Occupancy)</b>	_____	<b>Average Daily Attendance</b>	_____
<b>Enrollment Number:</b>	_____		<b>Last Fire Inspection Date</b> _____
	_____		<b>Last Food Inspection Date</b> _____

<b>(Item #B-2) Check all months center will be open and serving meals.</b>											
<b>Operating Months</b>											
<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>July</b>	<b>Aug</b>	<b>Sep</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C – Organization Type**

**(Item #C-1)**

Profit

Title XIX \_\_\_\_\_ (Total # of Participants)

Non-Profit with Tax Exempt Status from the IRS      Date Tax Exempt Status Received : \_\_\_\_\_

Non-Profit/Faith-Based Organization without Tax Exempt Status     Group IRS Ruling  
 Certification form for Churches

**Georgia Secretary of State Corporation**

**(Item #C-2)**

Last Annual Registration Date \_\_\_\_\_

**(Item #C-3)**

Does the center charge a separate fee for meals?       Yes     No      If yes, submit Written Free & Reduced Policy Statement.

**Affiliated Centers owned and operated by an Independent or Center Sponsor must complete questions below.**

**(Item C-4)**

Check here that the center listed in this application is owned (in part or whole) by the Institution, who is currently participating in the CACFP, and submitting this Center/Site Application for approval.

**Unaffiliated Facilities under the sponsorship of an Administrative Sponsor must complete questions below. Independents and Center Sponsors may omit.**

<b>(Item C-5) Ownership Code</b>	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Out of State Corporation
	<input type="checkbox"/> Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation

<b>(Item C-6) Facility Type</b>	<input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Other
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**Section E – Hours of Operation and Meals Served**

<b>(Item #E-1)</b>	<b>Hours of Operation</b>		
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<b>Center opens at:</b>		<b>Closes at:</b>		<input type="checkbox"/> <b>Shift Care and/or Center is open 24 hours per day</b>
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<b>Item #(E-2)</b>	<b>Check day(s) of the week that meals will be served</b>								
<b>Meals Served</b>	<b>Begin time</b>	<b>End time</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Breakfast</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supper</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(Item #E-3)</b>	<b>Food Service</b>			
<b>Indicate type of food service:</b>	<input type="checkbox"/> <b>Self-Prep</b>	<input type="checkbox"/> <b>Central kitchen</b>	<input type="checkbox"/> <b>Food Service Management Co*</b>	<input type="checkbox"/> <b>School Food Authority</b>

**If Type of Food Service selected is "FSMC" or "SFA," enter Vendor/School Name: \_\_\_\_\_**

**\*If using a "FSMC," proper procurement procedures must be followed. Review Bright from the Start procurement manual and contact the office to obtain assistance in conducting a proper procurement. Submit a copy of contract and procurement documents to Bright from the Start.**

**Section F–Certifications**

<b>(Item #F-1) Complete the certification section below.</b>
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**ADULT CARE CENTER CERTIFICATION**

**Refer to Bright from the Start CACFP Policy 33. Each statement below must be true to qualify. If a statement is left unchecked, the organization is indicating that it does not qualify for the CACFP and the application will be denied. The center must be compliant with all requirements in CACFP Policy 33.**

<input type="checkbox"/>	<b>I understand that adult care centers must be providing comprehensive DAY CARE services to frail and elderly adults 60 years of age or older, or chronically impaired adults 18 years of age or older, which are in the center’s care for less than 24 hours a day.</b>
<input type="checkbox"/>	<b>I understand that adult programs that are sheltered workshops only or whose primary purpose is for substance abuse treatment or rehabilitation are not eligible for the CACFP, and I certify that this program does not fall under this category.</b>
<input type="checkbox"/>	<b>I understand that adults who only attend workshops and are not enrolled in a comprehensive care program are not eligible under the CACFP, and I certify that meals are not claimed for adults that fall under this category.</b>
<input type="checkbox"/>	<b>I understand that meals claimed for CACFP reimbursement cannot also be claimed under Part C of Title III of the Older Americans Act of 1965.</b>

**Section G– Racial Ethnic Data**

**(Item #G-1)**

Provide the name of a school from the zone in which the site is located (All programs): \_\_\_\_\_

Indicate the NUMBER of enrolled participants in each racial/ethnic group for the center making an application to participate:

Ethnicity:

(1) **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

(2) **Not Hispanic or Latino.**

Race:

(1) **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

(2) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(3) **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’

(4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(5) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ethnic Data**

Hispanic or Latino	Not Hispanic or Latino	Total
_____	_____	_____

**(Item #G-2)**

**Racial Data**

American Indian/Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Total
_____	_____	_____	_____	_____	_____

**I certify that information contained in this application for the Child and Adult Care Food Program is true and correct, that the Institution is responsible for all CACFP activities of this facility, and that all reimbursements received from Bright from the Start are reported under the Federal Employer Identification Number listed on this application.**

_____	_____
<b>** Signature of Principal of Organization making the Application</b>	<b>Date</b>
_____	
Printed Name of Principal	

**\*\*The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated to assume legal responsibility for the organization. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.**