

# Sponsored Facility/Day Care Home Pre-Qualification Application

Child and Adult Care Food Program

Date: \_\_\_\_\_

Institution's Name		Agreement #	
Institution's Contact			
Phone Number		Fax Number	
Email Address			
<b><i>This section is to be completed by the facility/home responsible individual</i></b>			
			SA Approval
Facility/Home Name			
Physical Address			
Homes-License # (Required)		Center-Federal ID # (Required)	
1. Responsible Individual		DOB	
Has the responsible individual ever been placed on the NDL?	Yes		No
If "Yes," when were you removed from the NDL?			
Has the responsible individual had a CACFP agreement with DHHS?	Yes		No
If "Yes," provide the agreement number			
Has the responsible party ever participated under another Sponsoring Organization?	Yes		No
If "Yes," name the Sponsoring Organization			
I attest that the information I provided is true and correct			
Signature		Date	
<b><i>If the facility/home has more than one responsible individual, have each individual complete the section below.</i></b>			
2. Responsible Individual		DOB	
Has the responsible individual ever been placed on the NDL?	Yes		No
If "Yes", when were you removed from the NDL?			
Has the responsible individual had a CACFP agreement with DHHS?	Yes		No
If "Yes," provide the agreement number			
Has the responsible party ever participated under another Sponsoring Organization?	Yes		No
If "Yes," name the Sponsoring Organization			
I attest that the information I provided is true and correct			
Signature:		Date	
<b><i>This section is to be completed by the Sponsoring Organization</i></b>			
	I am a representative of the Sponsoring Organization, I certify I have reviewed the National Disqualified List (NDL) and the above facility/home is not listed on the NDL.		
	I am a representative of the Sponsoring Organization, I certify I have reviewed the National Disqualified List (NDL) and the above responsible individual(s)/principal(s) are not listed on the NDL.		
Signature:		Date:	
<b><i>This section is to be completed by the State agency</i></b>			
This facility/home is in good standing with the State agency?	Yes		No
If "No," state reason			
The responsible individual(s)/principal(s) are in good standing with the State agency.	Yes		No
If "No," state reason			
Not eligible, the facility is currently in the close out process with the State agency	Check Box		
Signature (State agency only)		Date	