

See Instructions on Page 4

CACFP Agreement # _____ Center # _____

Center Name _____

LICENSE/REGISTRATION INFORMATION

A1. Center Type

- Adult Care
- Child Care
- Head Start
- School Age
- Shelter
- Tribal

A2. Approval Type

- License/Registered by OCFS
- License/Registered by NYC DOHMH
- Approved by OMH
- Approved by OPWDD
- Approved by OMIG
- Approved by OHSM
- Unlicensed/Exempt: School-run Program
- Unlicensed/Exempt: Teen Only Program
- Unlicensed/Exempt: Military Program
- Unlicensed/Exempt: Tribal Program
- Unlicensed/Exempt: Other

A3. License Number _____

A4. License Effective Date _____

A5. License Expiration Date _____

A6. License Capacity _____

A7. Age Range of Participants

From _____ Yrs _____ Mos
To _____ Yrs _____ Mos

A8. Do you provide childcare for infants under 12 months old?

Yes No

A9. Enter the elementary, middle or high school a child would attend if he/she lived next door to this center.

Name _____

Address _____

Street Address

A10.	ADDRESS 1	
A11.	ADDRESS 2	
A12.	CITY	
A13.	STATE	ZIP
A14.	COUNTY	

Mailing Address (if different than Street Address)

A15.	ADDRESS 1	
A16.	ADDRESS 2	
A17.	CITY	
A18.	STATE	ZIP

Center Information

A19. Affiliation

Affiliated Unaffiliated

A20. Tax Status

For-Profit Nonprofit

CONTACTS

Center Contact – Person in charge of this center on a daily basis

B1.	FIRST NAME	LAST NAME
B2.	FACILITY PHONE	EXT
	TITLE	
B3.	CELL PHONE	EMAIL
B4.	FAX	

Additional Center Contact – Alternate person in charge on a daily basis

B5.	FIRST NAME	LAST NAME
B6.	FACILITY PHONE	EXT
	TITLE	
B7.	CELL PHONE	EMAIL
B8.	FAX	

This institution is an equal opportunity provider.

HOURS/MEALS

Schedule

C1. A. Months of Operation (check all that apply)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
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B. Days of Operation (check all that apply)

MON	TUES	WED	THURS	FRI	SAT	SUN
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Regular Schedule

C2. Schedule Time Open _____ Time Close _____

C3. Hours meals are served

MEAL	# PARTICIPANTS	START TIME	END TIME
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> AM Snack			
<input type="checkbox"/> Lunch			
<input type="checkbox"/> PM Snack			
<input type="checkbox"/> Supper			
<input type="checkbox"/> Evening Snack			
<input type="checkbox"/> At-Risk Snack			
<input type="checkbox"/> At-Risk Supper			

Holiday, Weekend or School Vacation Schedule

C4. Schedule Time Open _____ Time Close _____

C5. Hours meals are served

MEAL	# PARTICIPANTS	START TIME	END TIME
<input type="checkbox"/> Breakfast			
<input type="checkbox"/> AM Snack			
<input type="checkbox"/> Lunch			
<input type="checkbox"/> PM Snack			
<input type="checkbox"/> Supper			
<input type="checkbox"/> Evening Snack			
<input type="checkbox"/> At-Risk Snack			
<input type="checkbox"/> At-Risk Supper			

C6. How is the food prepared?

- A. Prepared at this center
- B. Prepared at Organization's central kitchen
- C. Purchased from a local school system
- D. Purchased from a food service vendor

C7. Check all meals that are purchased through a food service vendor

- Breakfast
- Lunch
- Supper
- Snacks

C8. Do you have a food service contract? Yes No

C9. Name of Food Service Vendor _____

C10. Contract Period From _____ To _____

PARTICIPANT INFORMATION

D1. Number of enrolled participants in each income eligibility category:

- A. Free Category _____
- B. Reduced Category _____
- C. Paid Category _____
- D. Total Enrolled _____

D2. Numbers in D1 above are Estimate Actual

D3. Does this center provide transportation to participants? No

- Yes, it is available to all participants
- Yes, it is available to only these participants

Describe participants _____

ETHNIC/RACIAL INFORMATION

D4. Record the number of participants in care at this center in each ethnic category.

**# of Children or
Adults**

HISPANIC OR LATINO	
NOT HISPANIC OR LATINO	

D5. Record the number of participants in care at this center in each racial category.

**# of Children or
Adults**

AMERICAN INDIAN OR ALASKAN NATIVE	
ASIAN	
BLACK OR AFRICAN AMERICAN	
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
WHITE	

CERTIFICATION

I certify this information is correct to the best of my knowledge. I also certify that this center is not participating in the Child and Adult Food Program under any other organization.

Please Sign in Ink

Signature of Center Contact (Question B1) _____

Date _____

FOR STATE USE ONLY

Date Eligible for CACFP _____

Eligible for At-Risk Yes No

Meals Approved to be Claimed

BEDS No _____

For _____: _____

At-Risk Expiration Date _____

For children age 6-18: _____

Approved for

SCHOOL DAYS

At-Risk Snacks

At-Risk Suppers

NON-SCHOOL DAYS

10-Months (Sept-June)

12 Months

Meals Approved for Shifts _____

Meals Approved for Seconds _____

Comments _____

INSTRUCTIONS FOR COMPLETING DOH-3682

The number of each instruction corresponds to the numbered questions on the form that may need clarification.

A1. Center Type

Adult Care. The center provides a multi-disciplinary day care program to adults who are functionally impaired or 60 years of age or older and who reside in the community.

School Age. After school program for children or teens.

Shelter. Emergency shelters that provide services to families with children, who are experiencing homelessness.

A2. Approval Type

Each license, registration or operating certificate, as well as each location, is considered to be a separate center and requires a separate Application for Participation of Individual Centers (DOH-3682).

A7. Age Range of Participants – Participants are the children or adults that the center provides care for.

A9. Complete only if the center is an afterschool program.

A19. Affiliated-the center is a legal part of the organization named in the sponsor application.

Unaffiliated-the center is legally separate from the organization named in the sponsor application.

C3. Check off the meals which are served at the center on a daily basis and school vacation/holiday/weekend, if different. Enter the number of participants usually served at each meal daily and the time the meal is served. Reimbursement may be claimed only for two meals and one snack or two snacks and one meal per participant per day. Shelters may claim three meals (breakfast, lunch and supper) or two meals and one snack per child per day.

At Risk Snack and/or At Risk Supper may be claimed for school age children in an afterschool enrichment/educational program in a low-income area.

D1. Refer to the Income Eligibility Guidelines (CACFP-3687) to determine or estimate the number of participants in each of the income eligibility categories.

D4. HISPANIC OR LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central South American, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE – A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos)

ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes China, Japan, Korea, India and the Philippine Islands.

BLACK OR AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

WHITE – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.