

SPONSOR AGREEMENT NO. _____

**SITE INFORMATION
 FAMILY/GROUP DAY CARE HOME**

Initial _____	Amendment _____
Tier I _____	Tier II _____
FOR SPONSOR USE ONLY	

INSTRUCTIONS: This document must be completed and signed by Provider and Sponsoring Organization representative. Copy A should be retained by Sponsor, Copy B sent to State Department of Education, and Copy C returned to provider. A site information document should be completed on each new Provider and amended when changes are made to existing Site Information Sheet.

REASON FOR AMENDMENT: _____

NAME OF DAY CARE HOME PROVIDER:

NAME: _____ (Print or Type) _____ (Date of Birth)

ADDRESS: _____ (Street/ PO Box)

_____, AL _____ (City) _____ (County) _____ (Zip)

TELEPHONE NO. _____

HOURS CHILDREN ARE TO BE CARED FOR IN HOME: From _____ a.m. until _____ p.m.

NO. OF PROVIDER'S CHILDREN WHOSE MEALS ARE TO BE REIMBURSED: _____

NO. OF DAYS PER WEEK CHILDREN WILL BE IN HOME: _____

ELEMENTARY SCHOOL ZONED FOR: _____

(Verified By) _____

TIER I STATUS School Census
 VERIFIED BY: Data _____ Data _____ Income _____

NUMBER OF CHILDREN LICENSED FOR:

DAY TIME CARE _____ (License capacity / Expiration date)

NIGHT TIME CARE _____ (License capacity / Expiration date)

AGE RANGE OF CHILDREN ENROLLED:

From _____ to _____

NO. ENROLLED: SATURDAY _____

SUNDAY _____

INSTRUCTIONS: Check meals to be served, complete time of service, and number of children to be served at each meal. No more than three meals per day per enrollee shall be claimed and of the three, one must be a snack. Each meal service cannot exceed license capacity.

	TIME OF MEAL SERVICE	ESTIMATED TOTAL NUMBER OF CHILDREN TO BE SERVED
BREAKFAST	Begins _____ Ends _____	_____
AM SUPPLEMENT	Begins _____ Ends _____	_____
LUNCH	Begins _____ Ends _____	_____
PM SUPPLEMENT	Begins _____ Ends _____	_____
SUPPER	Begins _____ Ends _____	_____
BEDTIME SUPPLEMENT	Begins _____ Ends _____	_____

FOR TIER II HOMES ONLY: REIMBURSEMENT OPTION FORM FOR TIER II DAY CARE HOME PROVIDERS

As your Sponsor, we must know the option you choose for reimbursement of meals in your day care home. Please place your initials in front of the option you choose.

- _____ Option 1 — Receive Tier II rates for all approved meals served to enrolled children.
- _____ Option 2 — Have the Sponsor collect income information and determine the eligibility of enrolled children.
- _____ Option 3 — Have the Sponsor recognize and collect application only from categorically eligible households.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS DOCUMENT IS TRUE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS; THAT DEPARTMENT OFFICIALS MAY FOR CAUSE VERIFY INFORMATION; AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL STATUTES.

_____ Signature of Home Provider	_____ Date
_____ Signature of Sponsor Representative	_____ Date