



## Interest in Program

For information about the Nutrition First Child & Adult Care Food Program, please provide the following information. A program representative will contact you as soon as possible to answer any questions you might have about our program, and to schedule a sign-up appointment if needed.

Name:

Address:

City:

Phone number:

Email address:

Are you currently CCD registered or certified? **Yes** **No**  
*(you have attended the overview, completed classes, and passed home inspection)*

Are you a DHS Listed provider? **Yes** **No**  
*(you are currently being paid through DHS for at least one child in your care)*

Do you have children in care at this time?

Are you providing the child care in your own home?

Do the children you care for live with you in your own home?

Have you ever been on a USDA Child Care Food Program before? **Yes** **No**  
*If so, when and where?*

Any additional questions or comments?