

Provider Name:

### FDCH Application Change Form

CHANGE

REACTIVATE Effective Date \_\_\_\_\_

INACTIVE Effective Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**TIER CLASSIFICATION:**

Tier 1

Tier 2

Tier 2 Mixed

Amendment to Application Meals

8) What hours care is provided:  
from \_\_\_\_\_ to \_\_\_\_\_

9) Days of week day care is provided:

- Sunday     Thursday
- Monday    Friday
- Tuesday    Saturday
- Wednesday

**11) Meals claimed:**

- A. Breakfast     \_\_\_\_\_ to \_\_\_\_\_
- B. A.M. Snack    \_\_\_\_\_ to \_\_\_\_\_
- C. Lunch         \_\_\_\_\_ to \_\_\_\_\_
- D. P.M. Snack    \_\_\_\_\_ to \_\_\_\_\_
- E. Dinner         \_\_\_\_\_ to \_\_\_\_\_
- F. Eve. Snack     \_\_\_\_\_ to \_\_\_\_\_

(minimum of **2 hours** between meal / snacks required)

**Alternate meal times/days/shifts: (optional)**

- A. Breakfast     \_\_\_\_\_ to \_\_\_\_\_
- B. A.M. Snack    \_\_\_\_\_ to \_\_\_\_\_
- C. Lunch         \_\_\_\_\_ to \_\_\_\_\_
- D. P.M. Snack    \_\_\_\_\_ to \_\_\_\_\_
- E. Dinner         \_\_\_\_\_ to \_\_\_\_\_
- F. Eve. Snack     \_\_\_\_\_ to \_\_\_\_\_

Specify alternate days: \_\_\_\_\_

I hereby certify that all of the above information is true and correct. 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 criminal statutes.

<b>Signature of provider:</b>	<b>Date</b>	<b>Signature of sponsor representative:</b>	<b>Date:</b>
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