Provider Name:

FDCH Application Change Form									
	☐ CHANGE ☐	REACTIVATE Effective I	EACTIVATE Effective Date		☐ INACTIVE Effective Date				
Add	dress			City		Zip			
TIE	R CLASSIFICATION:	☐ Tier 1	☐ Tier 2	☐ Tier 2 Mixed					
	8) What hours care is provided:	11) Meals claimed:	Alternate meal times/days/shifts: (optional)						
Meals	from to	A. Breakfast □	to	A. Breakfast	□	to			
Amendment to Application Meals	9) Days of week day care is provided: Sunday Thursday	B. A.M. Snack 🔲	to	B. A.M. Snack	□	to			
		C. Lunch	to	C. Lunch		to			
		D. P.M. Snack	to	D. P.M. Snack		to			
	□ Monday □ Friday	E. Dinner	to	E. Dinner	□	to			
	□ Tuesday □ Saturday □ Wednesday	F. Eve. Snack	to	F. Eve. Snack		to			
		(minimum of 2 hours between meal / snacks required)		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.									
Sign	ature of provider:	Date	Signature of s	sponsor representa	tive:	Date:			

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Add	lress		Cit	yZip					
TIE	R CLASSIFICATION:	☐ Tier 1	☐ Tier 2	☐ Tier 2 Mixed					
Amendment to Application Meals	What hours care is provided: from to	11) Meals claimed: A. Breakfast	to	Alternate meal times/days/shifts: (option A. Breakfast	,				
	9) Days of week day care is provided: □ Sunday □ Thursday	C. Lunch	to to	B. A.M. Snack □ to C. Lunch □ to D. P.M. Snack □ to					
	□ Monday □ Friday □ Tuesday □ Saturday □ Wednesday	E. Dinner 🗆	to to	E. Dinner					
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Sigr	nature of provider:	Date	Signature of spo	ate:					