



CACFP Food Program Site Change Notification Form

Site Name _____

Address _____

Place a check **only in the boxes** that require an update to the application and enter the new information in the space provided. You may be required to submit supporting documentation for the change. Items not listed on this form do not need to be updated in the application until a renewal application is submitted.

Change Type	New Information	
<input type="checkbox"/> Site Address (attach updated DECAL license)	Date Location Changed:	
<input type="checkbox"/> Site Name		
<input type="checkbox"/> Site Contact Person		
<input type="checkbox"/> Contact Information	Phone Number: Fax Number:	Extension: Email address:
<input type="checkbox"/> Licensed Capacity (Attach supporting doc. from licensing division)	Capacity @ 35 Sq. Feet:	Capacity @ 25 sq. feet:
Operating Months, Hours, Days	Claim Month Effective	
<input type="checkbox"/> Months of Operation	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
<input type="checkbox"/> Hours of Operation	Center will open at: _____ Center will close at: _____	
<input type="checkbox"/> Days of Operation	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Meal Type Change	Meal Times	
<input type="checkbox"/> Breakfast	Begin: _____	End: _____
<input type="checkbox"/> Lunch	Begin: _____	End: _____
<input type="checkbox"/> AM Snack	Begin: _____	End: _____
<input type="checkbox"/> PM Snack	Begin: _____	End: _____
<input type="checkbox"/> Supper	Begin: _____	End: _____

I certify that I am authorized to make this request to YES Inc. and that the information I have provided above is true and correct.

Signature Title Date

Email: info@yeskidz.com
Fax #: (770) 938-6869