

Site Change Notification Form
Child and Adult Care Food Program

Site Name: _____

Site 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. **Note: If there is a change in legal ownership, including a change in legal entity although still operated by the same primary owners, contact RPEP. *Contact RPEP as well if the Ownership Code or Organization Type has changed.**

Change Type	New Information
<input type="checkbox"/> Site Name (Submit updated DECAL license)	
<input type="checkbox"/> Site Address (Submit updated DECAL license)	Address: _____ Date Location Changed: _____
<input type="checkbox"/> Ownership Code*	<input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Out of State Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Organization Type*	Tax Status: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
<input type="checkbox"/> Site Contact Name	
<input type="checkbox"/> Contact Information	Phone Number: () Extension: _____ Fax Number: () Email address: _____
<input type="checkbox"/> Site/Program Type	<input type="checkbox"/> Adult Care Center <input type="checkbox"/> Child Care Center <input type="checkbox"/> At-Risk Afterschool Care Center <input type="checkbox"/> Head Start Only <input type="checkbox"/> Outside School Hours <input type="checkbox"/> Homeless/Emergency Shelter
<input type="checkbox"/> Licensed Type	<input type="checkbox"/> DFPS (Child Care Center) <input type="checkbox"/> Department of Defense (DOD) <input type="checkbox"/> Bright from the Start (DECAL) <input type="checkbox"/> DADS (Adult Care Center) <input type="checkbox"/> Head Start <input type="checkbox"/> Other Federal/State Approval Authority <input type="checkbox"/> Not Required (operate less than 2 hours per day) <input type="checkbox"/> Alternate Licensure Child Care Standards
<input type="checkbox"/> License Number: _____	<input type="checkbox"/> License Effective Date: _____
<input type="checkbox"/> License Capacity (Submit supporting doc. from licensing division)	Capacity @ 35 Sq. Feet: _____ Capacity @ 25 sq. feet: _____
<input type="checkbox"/> Building Capacity: _____	<input type="checkbox"/> Average Daily Attendance _____
<input type="checkbox"/> Fire Inspection Date: _____	<input type="checkbox"/> Food Inspection Date: _____
<input type="checkbox"/> Do you provide child care for infants under 12 months old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Food Service	<input type="checkbox"/> Prepared on site <input type="checkbox"/> Prepared at Central Facility <input type="checkbox"/> Contracted <input type="checkbox"/> School Food Authority <input type="checkbox"/> Other

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

Signature

Title

Date