Sponsor_____
Agreement Number_____

Adding New FDCH Providers

In order to add a new provider, please describe below which unmet needs can be addressed by your proposed sponsorship.

Provider Name: _____

Provider Street Address_____

Provider Mailing Address_____

Provider City_____State_____Zip_____

Provider County_____

A. Type of home: ___Registered ___Certified ___Licensed

B. Type of shifts: ___1st ___2nd ___3rd ____ Rotating

C. Meals to be claimed for reimbursement by this provider:
___ Breakfast ___ AM Snack ___ Lunch ____ PM Snack ____ Supper ___ LN Snack

D. Has a pre-operational visit been conducted for this provider?
_____ Yes _____ No If "Yes" provide the date_____

E. Is the area currently served by another Sponsoring Organization?
_____ Yes _____ No If "Yes", name the sponsor.
_____

F. Has the provider been contacted by another Sponsoring Organization?
_____ Yes _____ No If "Yes" name the sponsor.
_____

G. Has the provider ever participated under another Sponsoring Organization?
_____ Yes _____ No If "Yes" name the sponsor.
_____

H. Does the provider currently or have they ever operated a Type I day care center with the State Agency?
_____ Yes _____ No If "Yes", list the name of the day care center along with dates of operation, and any other extenuating circumstances.
_____

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I. Does the sponsor currently have any homes located within this county?
_____ Yes _____ No If "Yes", how many homes? _____

J. Is the sponsor's office located within 100 miles of this provider?
_____ Yes _____ No
List the number of miles from the Sponsoring Organization's office. _____

K. Address and Phone of the closest Sponsoring Organization's office:
Address:_____
City _____State _____Zip _____
Phone _____

L. Monitor assigned to this home:_____

Date this form completed:_____

Sponsor Representative Signature: _____