

Site Status Change Form

Agreement #: _____ Sponsor Name: _____

Site #: _____ Site Name: _____

Site Representative Name: _____ Site Representative DOB: _____

Site Address: _____

Phone Number: _____

Type of Change (select one):

Update information New Add Inactive Drop/Close

If adding new site, complete this section: N/A

Type of Site (select one):

Child Care Head Start Adult Care At-Risk Other: _____

License/Permit #: _____ Expiration Date: _____ Capacity: _____

At-Risk ONLY:

Name of school within attendance area: _____ Free/Red %: _____

NDL search has been conducted and printed? Yes No

Is the site currently operating and has preapproval visit been conducted? Yes No

Effective Date (this date must match the date listed on the preapproval form): _____

If making site inactive, complete this section: N/A

Date site will become inactive: _____

Will the site be inactive beyond the current fiscal year? Yes No

If yes, you may be required to drop and re-apply later.

Date site plans to become active again: _____

Reason for inactive status: _____

If site is closing, complete this section: N/A

Reason for drop/closure: _____

Will you be submitting any additional claims for this site? Yes No

If yes, do not submit this form at this time, please wait until last claim has been paid

Last Claim Month: _____

Last Operating Day (must be within last claim month): _____

If updating any other information, complete this section: N/A

Meal time changes must use the meal time change, NOT this form

Requested change: _____

Was this change approved prior to implementation? Yes No

If no, please explain: _____

Effective Date of Change: _____