Add/Change/Delete Form v4.4

Sponsor Form

Required sections/fields are indicated with an asterisk (*).

Select Applicable Program(s)*
Child and Adult

NSLP At-Risk

CACFP At-Risk

National School

Summer Food

Lunch Program (NSLP)	Service Program (SFSP)	Care Fo Program	od (CACFP)	Afters	school Meals	Afterschool Meals	
		Requested	Action(s)*				
Add New Sponsor		Add a New Site			Delete Sponsor		
Change Sponsor Entity Name		Change Site Name			Delete Site		
Change Sponsor Addre	ess	Change Site Address					
		Sponsor Enti	ty Information	n			
Sponsor Entity Name:					*Sponsor Entit	ty CTDS #:	
frequesting an entity name ch	ange, input the former e	entity name:					
Physical Address:							
*City: *Sta			te:		*Z	Zip Code:	
f requesting a change to the s	ponsor address, input th	e former physical a	ddress:				
Mailing Address: San	ne as physical addres	SS.					
City:	*State:			*Zip Code:			
requesting a change to the sp	oonsor address, input th	ne former mailing a	ddress:				
Phone #:		Fax	#:				
Vebsite URL:							
Effective Date of Add/Chan	ge/Delete (date of for	m completion or	future date):				
New Sponsor Enti	ities Only: Complete	this section to te	ll Health and N	lutrition S	ervices more ab	out the new entity.	
Traditional Child Care		Head Start			BIE/Tribal Group		
Adult Care Center		Outside of School Hours Care			Residential Child Care Institution		
At-Risk Afterschool Care Center		Center Private School			Community Organization		
Emergency Shelter		Faith Based Organization/School			Other:		
Additional Entity Details:	Public Orga	nization	Private N	Ion-Profit	Pri	vate For-Profit	
		Authorized Sig	ner Information	on			
Printed Name:			Authorized Si	gnature:			
Phone #:	Ema	il:		С	ate:		
For Arizona Department of Education Health and Nutrition Services Staff Use Only							
Program Year:	Program Approval	Signature:				Date:	
	•				"		

Site Form

Required sections/fields are indicated with an asterisk (*). If the entity is a public school (District or Charter), only complete the sections with two asterisks (**).

Sponsor Entity Name: Sponsor Entity CTDS #:

Sponsor to Site Relationship Information

Non-Associated Site Associated Site

- * Must have an approved Inter-Agency Agreement on file if adding to NSLP
- * Attach a Non-Associated Site Agreement to this form if adding to SFSP or CACFP At-Risk

Site Entity Information							
**Site Entity Name:		**Site Entity CTDS #:					
If requesting a change	to the site name, input former site nam	e:					
*Physical Address:							
*City:		*State:	*Zip Code:				
If requesting a change	to the site address, input former physic	eal:					
*Mailing Address:	Same as physical address.						
*City:		*State:	*Zip Code:				
If requesting a change	to site address, input former mailing ac	ldress:					
*Phone #:		Fax #:					
Website URL:							

New Site Entities Only: Complete this section to tell Health and Nutrition Services more about the new site entity.

Traditional Child Care Head Start BIE/Tribal Group

Adult Care Center Outside of School Hours Care Center Residential Child Care Institution

Emergency Shelter Private School Community Organization

At-Risk Afterschool Care Center

* Attach enrichment schedule and
documentation of area eligibility

Faith Based Organization/School Other:

Licensed Care Centers Only: Indicate how the new site entity is licensed to operate. *Attach License.

Department of Defense Department of Health Services Exempt from License Requirements

Department of Economic Security Department of Child Safety Tribal License or Approval

Additional Entity Details: Public Organization Private Non-Profit Private For-Profit

Notes from Entity or HNS:		