

CACFP Eligibility Questionnaire

Thank you for your interest in the Child and Adult Care Food Program (CACFP). Complete and submit this form to begin the application process. The state agency will notify you of your eligibility and provide training and application materials.

Eligibility Information

How long has your organization been open and operating?

Does your organization have a Federal Employer Identification Number (FEIN) ? Yes No

Is your organization registered with the Indiana Secretary of State's office to conduct business in Indiana? Yes No

Does your organization have a Data Universal Number System (DUNS) number? Yes No

Does this organization currently participate on CACFP through a sponsoring organization? Yes No

At how many facilities do you plan to operate the CACFP?

Mark the statement that best describes your organization.

<input type="checkbox"/> child care center(s)	<input type="checkbox"/> child care ministry(ies)
<input type="checkbox"/> adult day care center(s)	<input type="checkbox"/> before or after school program
<input type="checkbox"/> homeless/emergency shelter(s)	<input type="checkbox"/> family day care home

Select your licensing/registration status.

<input type="checkbox"/> possess a license or certificate of registration	<input type="checkbox"/> license or certificate of registration is pending
<input type="checkbox"/> not licensed or registered	<input type="checkbox"/> exempt from licensing

Select the IRS status of your organization. Non-profit For-profit Public

Contact Information

Organization Name Organization Address

Contact Name Title

Email Address Phone Number

Submit to: Carol Markle: cmarkle@doe.in.gov, Rachel Treleaven: rtreleaven@doe.in.gov, fax: 317-232-0855