



Office use only Provider#: _____ Login: _____ Password: _____
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LICENSED PROVIDER SPECIFICATION SHEET

PRIMARY LANGUAGE		<input type="checkbox"/> ONLINE CLAIMING E-MAIL ADDRESS: <input type="checkbox"/> SCAN FORM <input type="checkbox"/> FULL BUBBLE <input type="checkbox"/> ATTENDANCE MENU
ASSIGNED MONITOR:		
ORIENTATION DATE:		
TIME SCHEDULED:		
HOW DID YOU HEAR ABOUT US?		

FAMILY CHILD CARE PROVIDER INFORMATION:

PROVIDER NAME:		BIRTHDATE	
STREET ADDRESS:			
CITY, STATE & ZIP			
MAILING ADDRESS:			
MAILING CITY, STATE & ZIP			
BUSINESS PHONE:		CELL PHONE:	
FAX NUMBER:		ALTERNATE PHONE:	
FACILITY NUMBER		LICENSE CAPACITY	
LICENSE EFFECTIVE DATE:		EXPIRATION DATE	

BUSINESS OPERATION INFORMATION

DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

HOURS: Monday – Friday: _____

MEALTIMES (MARK ALL THAT APPLY)

MEAL	Monday – Friday		Saturday / Sunday	
	1 st SERVING	2 nd SERVING	1 st SERVING	2 nd SERVING
BREAKFAST				
AM SNACK				
LUNCH				
PM SNACK				
DINNER				
EVE SNACK				

ARE YOU CURRENTLY PARTICIPATING WITH THE FOOD PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, HAVE YOU SUBMITTED A DROP/TRANSFER FROM TO YOUR CURRENT SPONSOR? <input type="checkbox"/> YES <input type="checkbox"/> NO (Our office will need a copy of the drop/transfer from prior to adding them to our line of sponsorship).		
WHO IS YOUR CURRENT SPONSOR?		
REASON FOR TRANSFER: (Subject to Director's Approval)		
TIERING INFORMATION		
NAME OF SCHOOL DISTRICT		
NAME OF ELEMENTARY SCHOOL		
YEAR OF SCHOOL DATA USED		PERCENTAGE:
TIER LEVEL: <input type="checkbox"/> TIER I <input type="checkbox"/> TIER II SIGNED TIER II OPTION FORM ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF PROVIDER'S TIER CLASSIFICATION:		
CATAGORICAL TIER ELIGIBILITY:		
<input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATION (FDPIR) <input type="checkbox"/> CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CALWORKS) <input type="checkbox"/> CALWORKS STAGE II CHILD CARE <input type="checkbox"/> NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAM AND SCHOOL BREAKFAST PROGRAM (NSLBP) <input type="checkbox"/> FEDERALLY FUNDED HEAD START PARTICIPANTS ENROLLED ON THE BASIS OF LOW INCOME CRITERIA <input type="checkbox"/> KINSHIP GUARDIAN ASSISTANCE PAYMENT PROGRAM (KIN-GAP)		
CASE NUMBER: _____ (Letter of qualification required for eligibility)		
# OF CHILDREN ENROLLED:	# OF PROVIDER'S OWN CHILDREN UNDER AGE 13:	
	# OF PROVIDER'S FOSTER CHILDREN UNDER AGE 13:	

COMMENTS / NOTES / DRIVING DIRECTIONS: