Child Care Food Program
Amendment to Application Form
(change in meals claimed)

_____
      Today's date

I, _____, will now be
      Provider's printed name

claiming: B AM L PM D EV at _____
      circle new meal(s)   *claimed time(s) meal(s) will be served*

as of _____.
      Effective date/when new meal(s) is served

Add the following day(s) of the week to my application: _____.
Change my hours of operation to the following: _____.

Thank you.

Sincerely yours,

_____
      Provider=s signature

_____
      CCFP staff/ Child Care Resource signature