



CHILD CARE FOOD PROGRAM PROVIDER DATA SHEET

Authorization #: D-154 Organization Name: Lutheran Services Florida

1. Provider Information:

Provider First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

2. Is your name, address and phone number listed as CONFIDENTIAL with DCF or your local licensing agency?
[] Yes [] No

3. Names of all children that reside in your home: _____

4. Days you provide care for children other than those that reside in your home: (Check all that apply)
[] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

5. Operating Hours: Start: _____ Finish: _____

6. Meals Served: (Check all that apply)
[] Breakfast [] Morning Snack [] Lunch
[] Afternoon Snack [] Supper [] Evening Snack

7. a. Do you have child care shifts? [] Yes (Go to # 7b) [] No (Skip to # 8)

b. Meals to be claimed by shift (Complete all that apply)

Table with 8 columns: Shift, Start, Finish, Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper, Evening Snack. Rows for 1st, 2nd, 3rd, and 4th shifts.

8. Meal Time Information

Table with 6 columns: Meal Type, Start, Finish, Meal Type, Start, Finish. Rows for Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper, Evening Snack.

9. Holidays that you provide care (Check all that apply)

- [] Martin Luther King Day (January) [] President's Day (February) [] Memorial Day (May) [] Juneteenth (June)
[] Columbus Day (October) [] Veteran's Day (November) [] New Year's Eve (December)

Note: Our offices will be closed on the following holidays. Therefore, meals served on these days cannot be submitted for reimbursement:

- ✓ New Year's Day ✓ Good Friday ✓ Independence Day
✓ Labor Day ✓ Thanksgiving (Thursday and Friday) ✓ Christmas Day

I certify that all information on this Provider Data Sheet is true and correct.

Provider's Signature: _____

Signature Date: _____

Staff Use Only
Approved by: _____
Date: _____