

Child and Adult Care Food Program
Changes in Adult Day Care Facility Participation

Name of Sponsoring Organization	Program No. TX	Month and Year of Claim
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New Adult Day Care Facilities

New Adult Day Care Facilities						For TDA Use Only
A. Name of Adult Day Care Facility	B. Licensing Case File No.	C. Effective Date of License	D. Date of Pre-Approval Visit Form (Initial Applications Only)	E. Date H1651 or H1653 is Signed	F. Beginning Effective Date of Sponsor/Facility Agreement Form H1653	G. Effective Date to Begin Claiming

Adult Day Care Facility Changes

A. Name of Adult Day Care Facility	B. Licensing Case File No.	C. Type of Change	D. Effective Date

Deleted Adult Day Care Facilities

A. Name of Adult Day Care Facility	B. Licensing Case File No.	C. Reason for Termination	D. Termination Date

I certify that the information on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature – Representative of Sponsoring Organization

Date

For TDA Use Only

The above requested changes are approved.

Signature – TDA Representative

Date