

# PORTER – LEATH

## Child and Adult Care Food Program

### Alternate Approval Profile Form & Criminal Record Check

*Thank you for your interest in joining the Child and Adult Care Program. We look forward to guiding you in providing nutritious, well-balanced meals in your family day home. Please fill out this form in its entirety.*

**Provider Name:** \_\_\_\_\_

**Daycare Facility Name:** \_\_\_\_\_

**Physical Address/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How long have you been at this location?** \_\_\_\_years

**Have you ever cared for children other than your own in the residence of your home?** \_\_\_\_yes \_\_\_\_no

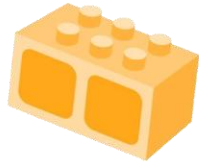
**How long have you provided childcare service in your home?** \_\_\_\_\_

**Have you ever participated in a CACFP program?** \_\_\_\_yes \_\_\_\_no

**If so, list organization and date of participation:** \_\_\_\_\_

**Have you had any incidents that could prevent you from participating in a Government funded program in the past seven years (embezzlement, fraud, anti-trust violations, theft, forgery, bribery, falsification or destruction of records, obstruction of justice, etc.)?** \_\_\_\_yes \_\_\_\_no, (if yes please explain)

\_\_\_\_\_  
\_\_\_\_\_



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Have you ever been convicted of a felony? \_\_\_\_yes \_\_\_\_no

Have you ever been a Licensed Provider? \_\_\_\_yes \_\_\_\_no

When? from\_\_\_\_\_ to\_\_\_\_\_ (State)\_\_\_\_\_

Have you attended DHS TN State License Orientation? \_\_\_\_yes \_\_\_\_no

If yes, list date:\_\_\_\_\_

Have you already applied for your Tennessee State Childcare License (submitted a letter of intent to the TDHS)? \_\_\_\_yes \_\_\_\_no \_\_\_\_ If yes, When?\_\_\_\_\_

Program evaluator name and phone number:\_\_\_\_\_

If no, What are your plans:\_\_\_\_\_

\_\_\_\_\_

Have you completed any child care training or certifications? \_\_\_\_yes \_\_\_\_no

If yes, list when and organization:\_\_\_\_\_

\_\_\_\_\_

Are you CPR/first aid certified? \_\_\_\_yes \_\_\_\_no If yes, expiration date:\_\_\_\_\_

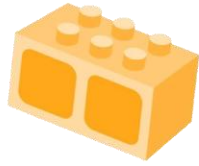
Are you a member of a professional association for Childcare?

\_\_\_\_yes \_\_\_\_no If yes, list organizations:\_\_\_\_\_

\_\_\_\_\_

If no, do you have plans to join a professional association? \_\_\_\_yes

\_\_\_\_no



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**Please provide 2 professional business references:**

1) Reference name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Business name: \_\_\_\_\_  
Address: \_\_\_\_\_ zip \_\_\_\_\_  
Phone: \_\_\_\_\_

2) Reference name: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Business name: \_\_\_\_\_  
Address: \_\_\_\_\_ zip \_\_\_\_\_  
Phone: \_\_\_\_\_

**What are your goals to address the social, physical, emotional and the nutritional needs of children in your home?**

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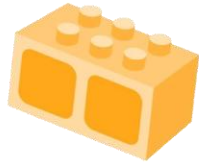
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I certify that the information submitted to receive reimbursement for meals served through the CACFP are complete and accurate. If the submitted information is not complete and accurate, I understand that participation may be denied. I understand that this information is given in connection with receipt of federal funds; that the CACFP sponsor official(s) or Tennessee Department of Human Services(TDHS) officials(s) may, for cause verify information; and that deliberate misrepresentation may subject me to CACFP termination and possible prosecution under applicable State and Federal statutes

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# PORTER – LEATH

## CRIMINAL RECORD CHECK

\_\_\_\_\_  
**Last name**

\_\_\_\_\_  
**First name**

\_\_\_\_\_  
**Middle/Maiden**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Birth date**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Male**

\_\_\_\_\_  
**Female**

**Porter-Leath has the permission of the undersigned to perform a criminal record check to verify the background and character of this potential volunteer.**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Employee completing check**

\_\_\_\_\_  
**Date**