



## Provider Pre-Enrollment Form

Sponsoring Organization:
Facility Business Name:
Responsible Individual (RPI) Listed on Provider Agreement <i>(must be listed on actual license) :</i>
Facility Owner (if different than who is listed on the provider agreement):
Facility Director if different than RPI listed on Permanent Agreement:
Facility Physical Address:
Facility License Number:
License Expiration Date:

### Family Day Care Home Indicator Checklist

This facility is unobjectively a private residence/home <i>( no need to proceed with remaining indicator checklist ).</i>	
The facility is zoned residential or commercial/residential.	
Permanent provisions for living, sleeping, sanitation	
Has a kitchen space that is equipped with stove, sink, refrigerator	
Bathroom with toilet and bathing facility.	
Independent access to the dwelling unit.	
No access from another dwelling unit.	
Person listed on the provider agreement is not listed on any other provider agreement.	
Requesting Retroactive Reimbursement (if :yes" complete retro_reimb. portion.)	<div style="display: flex; justify-content: space-between;"> <span>Yes</span> <span>No</span> </div>

### Retroactive Reimbursement (if requesting)

Date of the pre-approval visit and facility training that took place between the provider and sponsoring organization.	
<i>*Attach a copy of the pre-approval visit review form.</i>	
Date the facility agreement was signed by both the provider and the sponsoring organization (must be on or after the date of the pre-approval visit).	
<i>*Attach a copy of the facility agreement signed by both the provider and the sponsoring.</i>	
Initial herer if you have confirmed this facility has adequate documentation to support a retroactive claim for reimbursement under the requirements of 7 CFR Part 226	

*STATE USE ONLY*

	RPI's are not currently listed on the National Disqualified List (NDL)		
	This facility/license is not participating under another sponsorship.		
Enrollment Approved		Enrollment Not approved	
Comments			
Retroactive Reimbursement Approved--Effective:	Date	Retroactive Reimbursement Not Approved "X"	
Comments			
MT CACFP Representative Signature		Date	