



## Child and Adult Care Food Program Ineligibility/Non-Participation Form

**Instructions:** This form is used by programs and providers **not** participating in the Child and Adult Care Food Program, to meet Maryland EXCELS Criteria ADM 3.3, ADM 3.4 and ADM 3.5.  
Complete the information below based on current enrollment.

Name of Child Care Program/Provider Name:

License #:

Total Enrollment:

Licensed Capacity of Center/Home:

Number of Children receiving Child Care Subsidy: \_\_\_\_\_ as of: \_\_\_\_\_ (date)

1) Program Type (check one)

Family Child Care Provider

Center-Based Program:

Non-Profit    For-Profit

School-Age Only Child Care Program

2) Have you attended an Orientation or information session on the Child and Adult Care Food Program and the benefits of participating?

Yes    No

3) Provide an explanation for **not** participating in the Child and Adult Care Food Program:

By signing below, I understand that the information provided in this statement is subject to verification by MSDE through its data system or by an on-site visit to the program.

\_\_\_\_\_  
Signature of Director/Lead Contact/Family Child Care Provider

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name of Director/Lead Contact/Family Child Care Provider