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4-C Child and Adult Care Food Program

HELPER NOTIFICATION FORM

Name		Provider Number	
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All licensed providers who use a helper in their child care business need to complete this form annually and send it to the 4-C Food Program office (mail, fax, or scan and email). This guarantees accurate processing of your food program claims.

It is your responsibility to keep the 4-C Food Program current regarding helper information. Thank you.

Please check the statement that applies to you:

I am a state licensed provider and I **currently** use a helper in my child care business.

I am a state licensed provider and I **do not** use a helper in my child care business.

By signing this form you certify that this information is correct and true and in accordance with the terms of our existing agreement and that records are available to support this information. Understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject you to prosecution under applicable state and federal criminal statutes.

Signature		Date	
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This institution is an equal opportunity provider.