

5 Odana Court Madison, WI 53719 608.271.5242 OR 1.800.292.2429

Fax: 608.271.5380 foodprog@4-C.org

4-C Child and Adult Care Food Program

Statement for Licensed Provider with Assistant or Helper

	_			
Name		Provider Nur	nber	
If you are a licensed provider who uses an assistant or helper, you must have this completed form on file at the 4-C Food Program office. This guarantees accurate processing of your food program claims. This form does not expire until you inform 4-C Food Program that you no longer use an assistant or helper. It is your responsibility to keep the 4-C Food Program current regarding helper information.				
Please check the statement that applies to you: I am a state licensed provider and currently use an assistant or helper in my child care business. I am a state licensed provider and no longer use an assistant or helper in my child care business.				
I understand that it is my responsibility to inform 4-C Food Program whether or not I currently use an assistant or helper in my child care business.				
Signature		Date		

Revised 10/16

This institution is an equal opportunity provider.