

Colorado Department of Public Health & Environment
Child and Adult Care Food Program
CACFP New Applicant Intake Form

(This form provides basic information for CACFP use. It is not an application for the program.)

Please return completed form by email attachment or fax to Julie Pfankuch, CACFP Program Assistant.
PH 303-692-2330 Fax 303-756-9926 Email Julie.Pfankuch@state.co.us

Institution Name

Site Name (if different)

Date

Name of Director

Center/Site Main Contact

**FEIN (Federal Employer
Identification Number)**

**Do you have a DUNS
number?**

Yes

No

A DUNS number is required to execute a contract with the CDPHE-CACFP. If you do not have a DUNS number, please contact the CACFP Office at 303-692-2330 for information on how to obtain one.

If you do have a DUNS number, please type the number in the box below.

**DUNS (Dunn &
Bradstreet Universal
Numbering System)**

Mailing Address

County

Phone Number

Email Address

Fax

**How did you hear about
the CACFP?**

**Please choose the type of agency you
are:**

**Please choose which type of care you
provide:**

Is the Site(s) licensed with the Colorado Department of Human Services (CDHS)?

Yes

No

