



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

This form may be used by programs not participating in the Child and Adult Care Food Program (CACFP) to meet the Maryland EXCELS requirements of ADM 3.3-3.5. Upload the completed form to ADM 3 in your Maryland EXCELS program profile. Complete the information below based on current enrollment.

Name of Person Completing this Form: _____

Title: _____

Program Name: _____

Program License/Registration Number: _____

Program Address: _____

Total Enrollment: _____

Licensed Capacity: _____

Number of Children Receiving Child Care Scholarship: _____ As of (Date): _____

1) Licensed Program Type (Check one):

Family or Large Family Child Care Home

Child Care Center: Not-for-Profit For-Profit (Check one)

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

Yes No

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 Person Completing this Form: _____

(Typing your name serves as your signature.)

Date: _____