



1580 Lake Street – Suite 200 Elmira, New York 14901 (607) 734-3941 Fax: (607) 737-7293

CACFP Information Form

Date: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

Provider Phone Number: _____

Provider E-mail Address: _____

Provider Signature: _____

Comments: _____

New Enrollment _____

Previous Enrollment _____

Updated Information _____

“This institution is an equal opportunity provider.”