# CACFP Eligibility Assessment

(Click the statement that describes your situation)

1. I operate **ONE site** (Child Care Institution, Head Start/Early Head Start Program, At-Risk Afterschool Program, Outside School Hours Care Center or Emergency Shelter)

2. I operate **TWO or MORE sites** (Child Care Institutions, Head Start/Early Head Start Programs, At-Risk Afterschool Programs, Outside School Hours Care Centers or Emergency Shelters)

3. I operate an Adult Day Care Center

4. I care for children in my home