Sisters Signature Onboarding Form

Contact Information: Name:_____

Email: _____

Phone:_____

Organization Details: Facility Name:_____

Type:_____

Location:_____

Current CACFP Status: Are you enrolled:_____

Sponsor:_____

Any recent audits:_____

Top 3 Challenges:_____

_____

_____

Goals for the Program:_____

_____

_____

Preferred Start Date:_____

How did you hear about us:_____

_____

_____