

OSPI Child and Adult Care Food Program

Secure Document Cover Sheet

Institution Name:

WINS ID:

No WINS ID:

Name of Person Submitting Document:

Phone:

Email:

Attention:

I am submitting documents for:

- ☐ New Application – Performance Standards (VCA)
- ☐ Redetermination – Performance Standards (VCA)
- ☐ Annual Review of Bank Account Activity
- ☐ Administrative Review
- ☐ Other:

Comments:

