

**Day Care Home Provider
Provider Transfer Form**

To The Provider:

Submit this form if you wish to terminate your agreement with your current sponsor and be dropped from CACFP or if you wish to transfer to another sponsoring organization. You must submit this form to your current (dropping) sponsor at least two weeks before the end of the month in which you wish to be dropped. You also must submit a copy of this completed form to the adding sponsor before you can transfer. Please be advised of the following:

1. Verify that the sponsor will accept you.
2. No CACFP sponsor is obligated to accept your application.
3. You cannot be approved for meal reimbursement with a new CACFP sponsor until all paperwork is completed and approved by the State Agency.
4. The sponsor you leave is not obligated to take you back if you decide to return.
5. CACFP meal reimbursement is paid at the same rate for all sponsoring organizations.
6. All sponsors require providers to attend training.
7. All sponsors visit providers at meals and visits unannounced.
8. All CACFP sponsors require providers to keep daily menu and attendance records.
9. All CACFP sponsors make meal disallowance's when records are not current or accurate.
10. All sponsors must disburse meal reimbursement within 5 working days of receipt from the State.
11. **You will only be allowed to transfer to a new sponsoring organization one time during the fiscal year.**

PROVIDER COMPLETES AND SUBMITS TO DROPPING SPONSOR:

PROVIDER _____ LICENSE/REGISTRATION _____

PROVIDER ADDRESS _____

PLEASE DROP ME FROM YOUR CACFP SPONSORING ORGANIZATION EFFECTIVE _____

PROVIDER SIGNATURE _____ DATE _____

SPONSOR COMPLETES AND RETURNS TO PROVIDER:

DROPPING SPONSOR _____ PHONE (____) _____ DATE _____

SPONSOR ADDRESS _____ COUNTY _____

Is this the first time the provider transferred this fiscal year? _____ yes _____ no

We will pay meal reimbursement through the month of _____ 20____. This provider is eligible to transfer to another CACFP Sponsor effective _____. At this time the provider is in good standing with our sponsoring organization with no unresolved action pending.

Yes Comments:

No

Sponsor Representative Name: _____ Signature _____

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Nutrition Services Branch