

**DAY CARE HOME PROVIDER
DROP/TRANSFER FORM**

TO THE PROVIDER:

Submit this form if you wish to terminate your agreement with your current sponsor and be dropped from the Child and Adult Care Food Program (CACFP) or if you wish to transfer to another day care home sponsor. 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 the completed form to the adding sponsor before you can transfer. Please be advised of the following:

1. All sponsors are allowed only one transfer per month; therefore, verify that the sponsor you wish to transfer to can accept you.
2. A provider may not transfer more than once in a twelve-month period.
3. No CACFP sponsor is obligated to accept your application.
4. You cannot be approved for meal reimbursement with a new CACFP sponsor until all paperwork is completed and approved by the State.
5. The sponsor you leave is not obligated to take you back if you decide to return.
6. All sponsors pay the same federal meal reimbursement. All sponsors have the option to keep no more than 30 percent of the State Meal money. All sponsors require providers to attend training. All sponsors must visit providers at meals and at least two visits each year must be unannounced.
7. All sponsors require providers to record menus, meal counts, and attendance every day. All sponsors must disallow meals when any of these records are not accurate or current on a daily basis.
8. All sponsors must disburse federal meal reimbursement within five working days of receipt from the State.
9. A provider who has been declared seriously deficient may not transfer to another sponsor until the current sponsor has determined by a follow-up monitoring visit (within 180 days after the serious deficient declaration was rescinded) that corrective action is permanent.
10. A provider who has been declared seriously deficient and drops from a sponsorship prior to the sponsor accepting the corrective action and rescinding the declaration, will be terminated and be placed on the U.S. Department of Agriculture's National Disqualified List and not be allowed to participate in the CACFP for seven years.

PROVIDER: COMPLETE AND SUBMIT THIS SECTION TO DROPPING SPONSOR

PROVIDER NAME:	TELEPHONE	LICENSE NO.
PROVIDER ADDRESS:		
CITY AND ZIP CODE:		

PLEASE DROP ME FROM YOUR CACFP SPONSORSHIP EFFECTIVE:

	DATE:
SIGNATURE:	DATE:
TRANSFER TO ANOTHER PROGRAM <input type="checkbox"/>	DROP <input type="checkbox"/>

SPONSOR DROPPING PROVIDER: COMPLETE AND RETURN TO PROVIDER

DROPPING SPONSORSHIP:	PHONE:	DATE:
SPONSOR ADDRESS:		COUNTY:

THIS SPONSORSHIP WILL PAY MEAL REIMBURSEMENT THROUGH

MONTH	YEAR
MONTH	YEAR

THIS PROVIDER IS ELIGIBLE TO TRANSFER TO ANOTHER SPONSOR EFFECTIVE

THE PROVIDER IS IN GOOD STANDING WITH OUR AGENCY WITH NO UNRESOLVED ACTION PENDING.

COMMENTS:

SPONSOR REPRESENTATIVE SIGNATURE	PRINTED NAME	TELEPHONE NUMBER	DATE
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