

**TO THE PROVIDER**

Submit this form if you wish to transfer your Child and Adult Care Food Program (CACFP) participation to another Sponsoring Organization. You must submit this form to your current Sponsor at least two weeks before the end of the month in which you wish to be transferred. You also must submit a copy of the completed form to the new Sponsor before you can transfer. Please be advised of the following:

1. All Providers are allowed only one transfer to another Sponsor per 12-month period, as per Policy Memo DOH-CACFP Number 165 (3/13).
2. No Sponsor is obligated to accept your application. Verify that the Sponsor you wish to transfer to will accept your application.
3. You cannot be approved for meal reimbursement with a new Sponsor until all paperwork is complete and approved by the State.
4. The Sponsor you leave is not obligated to take you back if you decide you would like to return.
5. CACFP meal reimbursement is paid at the same rate for all Sponsoring agencies. All Sponsors require Providers to attend training. All Sponsors visit Providers at meals and visits may be unannounced.
6. All Sponsors require Providers to keep daily menu and attendance records. All Sponsors are required to make meal disallowances when records are not current or accurate.
7. All Sponsors must disburse meal reimbursement within five (5) working days of receipt from the State.
8. Under no circumstances can a Provider claim any part of the same month under two Sponsors.

**PART 1 – PROVIDER COMPLETES AND SUBMITS TO CURRENT SPONSOR**

Provider	License No.
Provider Address	
Please drop me from your CACFP Sponsorship effective _____. <small style="text-align: center;">MONTH/YEAR</small>	
Signature	
Do you operate or own more than one home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PART 2 – CURRENT SPONSOR COMPLETES AND RETURNS TO PROVIDER**

Current Sponsor		
Sponsor Agreement #	Phone	Date
We will pay meal reimbursement through the end of _____. <small style="text-align: center;">MONTH/YEAR</small>		
This Provider is eligible to transfer to another CACFP Sponsor effective the first of _____. <small style="text-align: center;">MONTH/YEAR</small>		
At this time the Provider is in good standing with our agency with no unresolved action pending. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Sponsor Representative Name _____		
Signature _____		Date _____

USDA is an equal opportunity provider and employer.