

**ORDER FORM FOR SPONSORS OF DAY CARE CENTERS**

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Package should be sent to the attention of: \_\_\_\_\_

**ALL ORDERS will be shipped to the Sponsor address on file**

QUANTITY	FORM #	FORM TITLE
	1377	Crediting Foods in CACFP <i>translations available</i>
	1258	Adult Meal Pattern <i>translations available</i>
	1259	Child Meal Pattern <i>translations available</i>
	1260	Infant Meal Pattern <i>translations available</i>
	4081	Ready, Set, Grow... With WIC <i>translations available</i>
	AD-475A	And Justice for All poster <i>includes English and Spanish</i>
	CACFP-109	Sample Infant Menus
	CACFP-116	Daily Meal Count Record
	CACFP-121	Infant Feeding Statement
	CACFP-124C	Reimbursement Rates for Day Care Centers
	CACFP-127	Claim Submission Deadlines
	CACFP-141	Extension of Vendor Contract
	CACFP-142	Vendor Contract Packet for less than \$250,000
	CACFP-143	Invitation for Bid and Vendor Contract Packet for >\$250,000
	CACFP-182	Sample Child and Adult Care Menus
	CACFP-200	US and NYS Breastfeeding Labor Laws
	CACFP-3673	Letter to Households <i>translations available</i>

QUANTITY	FORM #	FORM TITLE
	CACFP-3687	Income Eligibility Guidelines for Sponsors of Day Care Centers
	CACFP-3696A	Instructions for Food Production Records
	CACFP-3696B	Food Production Record – Breakfast/Snack/Lunch
	CACFP-3696C	Food Production Record – Lunch/Snack/Supper
	CACFP-3718	Order Form for Sponsors of Day Care Centers
	CACFP-4259	Monitor Checklist for Day Care Centers
	DOH-3682	Application for Participation of Individual Centers
	DOH-3688	Income Eligibility Form for Child Care Centers <i>translations available</i>
	DOH-3703	Claim for Reimbursement for Sponsors of Day Care Centers
	DOH-3834	Income Eligibility Form for Adult Day Care Centers <i>translations available</i>
	DOH-5158	Health Commerce System (HCS) Account Request
	DOH-5168C	Certificate of Authority for Sponsors of Day Care Centers
	DOH-5188	Child Care Center Breastfeeding Friendly Designation
	DOH-5215	Renewal Child Care Breastfeeding Friendly Designation
	FNS-317	Building for the Future <i>translations available</i>
	FNS-786	Guide to Feeding Infants in CACFP <i>translations available</i>

\* Translation available online-only at <https://www.health.ny.gov/prevention/nutrition/cacfp/forms.htm>

**TRANSLATIONS**

Form #	Arabic	Bengali	Chinese	French	Haitian-Creole	Italian	Korean	Polish	Russian	Spanish	Urdu	Yiddish
1377	*	*	*	*	*	*	*	*	*		*	*
1258												
1259												
1260												
4081												
CACFP-3673												
DOH-3688												
DOH-3834												
FNS-317												
FNS-786												

This institution is an equal opportunity provider.

**FORM DESCRIPTIONS**

FORM #	DESCRIPTION
1377	Resource identifying reimbursable foods in CACFP
1258	Chart indicating required components and minimum quantities of food for adults in care
1259	Chart indicating required components and minimum quantities of food for children in care who are 1-18 years of age
1260	Chart indicating required components and minimum quantities of food for infants in care who are less than 1 year old
4081	Brochure for families with information on the WIC program
AD-475A	Poster must be displayed at sponsor facility and all sites where parents can see it
CACFP-109	Sample menus for infants
CACFP-116	Sample daily meal count sheet
CACFP-121	Must be completed by the parent/guardian to select or refuse the facility's offer to provide infant formula and/or other meal components
CACFP-124C	Current meal reimbursement rates
CACFP-127	Chart indicating the 60-day postmark deadline for monthly claims
CACFP-141	Extension of Vendor Contract to Provide Meals and/or Snacks
CACFP-142	For annual food costs of less than \$250,000
CACFP-143	For annual food costs of more than \$250,000
CACFP-182	Sample daily menus for children and adults
CACFP-200	Breastfeeding labor laws that apply to all participating sponsors and sites
CACFP-3673	Distribute yearly to families, along with the DOH-3688. Explains income eligibility categories and participant rights.

FORM #	DESCRIPTION
CACFP-3687	Chart indicating income criteria to qualify for free or reduced-price meals. <i>FOR SPONSOR USE ONLY.</i>
CACFP-3696A	Instruction packet for using Food Production Records
CACFP-3696B	Record the amount of food prepared for breakfast/snack/lunch
CACFP-3696C	Record the amount of food prepared for lunch/snack/supper
CACFP-3718	Order Day Care Center forms
CACFP-4259	Document required center monitoring
DOH-3682	Application for a center to participate in CACFP
DOH-3688	Distribute yearly to families, along with CACFP-3673. Used to determine eligibility for free or reduced-price meals for children in care.
DOH-3703	Submit monthly data for payment
DOH-3834	Determine eligibility for free or reduced-price meals for adults in care
DOH-5158	Complete to begin the process of obtaining an HCS account to access CACFP web-based applications.
DOH-5168C	Notify CACFP of changes in sponsor administrator or authorized individual
DOH-5188	Apply for a DCC Breastfeeding-Friendly Designation
DOH-5215	Renew a DCC Breastfeeding-Friendly Designation
FNS-317	A flyer required to be distributed to families notifying them that the provider participates with CACFP
FNS-786	Guide to Feeding Infants in CACFP

**Forms can also be found at [www.health.ny.gov/CACFP](http://www.health.ny.gov/CACFP)**

Submit your order using **ONE** of these options:  
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<p><b>Mail to:</b> NYS DOH CACFP – Orders 150 Broadway Suite 600 Albany, NY 12204</p>
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**OR**

<p><b>Fax to:</b> (518) 402-7252  <i>No need for cover page</i></p>
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**OR**

<p><b>Email to:</b> <a href="mailto:CACFP@health.ny.gov">CACFP@health.ny.gov</a></p>
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For information about an order placed with CACFP, call 1-800-942-3858