NEW YORK
state department of
HEALTH

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Sue Kelly
Executive Deputy Commissioner

TO: All CACFP Sponsoring Organizations of Day Care Homes

FROM: Sandra J. Rhoades, Director, Homes Administration Unit
Child and Adult Care Food Program

SJRhoades

DATE: August 4, 2014

SUBJECT: 2014-15 Income Guidelines and other Documents

Enclosed are documents to be used in the administration of the Child and Adult Care Food Program for Day Care Homes (DCH). These items include:

1. CACFP-124H
   Beginning with July 2014 claim, use the revised reimbursement rates on form CACFP-124H to reimburse the monthly claims from DCH Providers. Sponsors who use the NYS Local Homes System should refer to the enclosed NYS Local Homes System Instructions to Change Reimbursement Rates (CACFP-176).

2. DOH-4160 and DOH-4161
   Beginning July 1, 2014, use the Letter to Households/Income Eligibility Form/Tier II Day Care Home Participant [DOH-4160 (3/14)] and Letter to Households/Income Eligibility Form/Family Day Care Home Provider [DOH-4161 (3/14)] to categorize DCH Providers and child households as Tier I or Tier II.

3. CACFP-3978
   A current Order Form (CACFP-3978) is enclosed for your use. The order form may be mailed or faxed per the instructions on the form. You may also download copies of the above forms from our website: www.health.ny.gov/cacfp. In order for these forms to print correctly, you must download the free Adobe Reader, if you do not already have it.

4. CACFP-127
   Use the enclosed 60/90-Day Calendar to track the deadlines for submission of monthly claims for reimbursement. Refer to Policy Memo DOH-CACFP Number 96 (07/04), Explanation of the 60/90 Day Claiming Deadlines, which reviews the policies for submission of claims.

Please also be reminded:

CACFP Sponsors are no longer required to submit a Press Release, or the Public Release Announcement, to the local news media on an annual basis. Announcements regarding the availability of CACFP in day care centers and homes will now be issued by the NYS Department of Health on an annual basis. Also note that costs for placement of a public release announcement will no longer be an allowable cost. However, the cost of advertisements for outreach purposes will continue to be allowed.

Use the CACFP Order Form (CACFP-3978) to order quantities of the WIC flyer, which must be given to all families of infants and young children yearly. This flyer provides information regarding the benefits and importance of the WIC program.

The CACFP Order Form (CACFP-3978) also includes the *Building for the Future* flyer, available in 19 languages. Remember to distribute this flyer to families of new children at the time of enrollment. This flyer notifies families that the day care home participates in CACFP.

If you have questions, you may contact a CACFP Homes Nutritionist at 1-800-942-3858, select option 3.

Enclosures:
Reimbursement Rates for Day Care Homes (CACFP-124H)
NYS Local Homes System Instructions to Change Reimbursement Rates (CACFP-176)
Letter to Households/Income Eligibility Form/Tier II Day Care Home Participant (DOH-4160)
Letter to Households/Income Eligibility Form/Family Day Care Home Provider (DOH-4161)
Order Form for Sponsoring Organizations of Day Care Homes (CACFP-3978)
60/90-Day Calendar for FFY 2013-2014 (CACFP-127)

Reimbursement Rates for Meals Served in Day Care Homes
EFFECTIVE FROM July 1, 2014 to June 30, 2015

	BREAKFAST	LUNCH/SUPPER	SNACKS
TIER I	**$ 1.31**	**$ 2.47**	**$ 0.73**
TIER II	**$ 0.48**	**$ 1.49**	**$ 0.20**

Administrative Reimbursement Rates for Sponsoring Organizations of Day Care Homes	
Initial 50 Day Care Homes	$ 111
Next 150 Day Care Homes	$ 85
Next 800 Day Care Homes	$ 66
Additional Day Care Homes	$ 58

The Child and Adult Care Food Program (CACFP) is a federally funded entitlement program administered by the NYS Department of Health. The US Department of Agriculture (USDA) is the responsible federal agency, which makes funding available to CACFP under the Catalog of Federal Domestic Assistance (CFDA) #10.558.

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From the Main Menu, select:

- Tables
- Reference Tables
- Cost/Reimbursement Codes
- Click "ADD"
- Enter "2013" in pop-up dialog box "Add a New Year"
- Click "OK"
- Enter the following:

Tier I Meals		**Tier II Meals**	
Breakfast	1.28	Breakfast	.47
Lunch	2.40	Lunch	1.45
Supper	2.40	Supper	1.45
Supplement	.71	Supplement	.19

After the new rates are completed, check inserted amounts, if correct click "OK". This will update your Meal/Supplement Reimbursement Cost Code table for the period of July 2013 through June 2014.

When this is complete, exit Meal/Supplement Reimbursement Cost Code table.

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Letter to Households/Income Eligibility Form
Tier II Day Care Home Participant

Dear Parent or Guardian,

Your child's day care Provider participates in the Child and Adult Care Food Program (CACFP). CACFP gives your day care Provider a meal allowance for serving healthy meals to the children in his/her day care home. The CACFP meal allowance is paid at two different rates (Tier I and Tier II). This application will help us determine if your day care Provider can be paid at the higher rate (Tier I) or lower rate (Tier II) for your child's meals. If you decide not to complete this form, your day care Provider will receive the lower rate.

If you think your household qualifies for Tier I rates, please consider filling out this form. The information on this application is confidential and is used only for determining the meal allowance rate your Provider receives for the meals served to your child.

How do we determine if your child's meals can be reimbursed at Tier I rates? There are two ways to find out if your day care Provider can be paid at the higher rate:

1. If you or anyone in your household participates in any of the programs listed in Part A on page 3, CACFP will automatically pay Tier I rates to your day care Provider. You must fill out Parts A and C of this form. Include your identification or case number, sign and date the form. You will be asked to complete this form every year.

2. Your household might meet the income guidelines for Tier I rates (see chart on page 2 of this letter). The definition of household is a group of related or non-related individuals who are living as one economic unit. If household members become unemployed, the loss of family income may put your household in the eligible category. You must fill out Parts A, B and C, and sign and date the form. You will be asked to complete this form every year.

3. A court-placed foster child in your household will automatically be paid at the Tier I rate. The remaining children in the household will be paid at the Tier II rate unless determined eligible using 1 or 2 above.

If you have any questions, please contact _____ at _____ .

Thank you for your cooperation.

Sincerely,

CACFP Representative

USDA is an equal opportunity provider and employer.

INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective July 1, 2014 until June 30, 2015)

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	YEARLY	MONTHLY	WEEKLY
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
FOR EACH ADDITIONAL FAMILY MEMBER	+7,511	+626	+145

SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Earnings from Work
Wages, Salaries, Tips
Strike Benefits
Unemployment Compensation
Workers' Compensation
Net Income from Self-Owned Business or Farm

Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments,
Alimony, Child Support Payments

Pensions/Retirement/Social Security
Pensions (government or private)
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Other Income
Disability Benefits
Cash Withdrawn from Savings, Interest or Dividends
Income from Estates, Trusts, Investments
Regular Contributions from persons not living in the household
Net Royalties, Annuities
Net Rental Income
Any Other Income

LIST OF CATEGORICALLY ELIGIBLE PROGRAMS[1]

Federal Assistance Program
Supplemental Nutrition Assistance Program (SNAP)
WIC Supplemental Food Program
Temporary Assistance to Needy Families (TANF)
Head Start
National School Lunch – Free/Reduced Meals
Commodity Supplemental Food Program (CSFP)
Food Distribution Program on Indian Reservations (FDPIR)
Medicaid

State Assistance Programs
Child Assistance Program
Prenatal Care Assistance Program
NYS Child Care Block Grant
Begin (NYC only)
Social Services Block Grant
Court-placed Foster Children

[1]This list applies to households of children participating in a Tier II day care homes only. The list of State Assistance Programs will be updated as needed.

CACFP Agreement #_____ Provider #_____

Return to:

_____ Initial here if you consent to allowing your Provider to collect your form and transmit it to the Sponsor. Provider will not review your form.

PART A: The Child and Adult Care Food Program is required to ask for the information on this form. It will be used only by the Child and Adult Care Food Program and is considered confidential. It is not related to any fees you may be charged by the Sponsor, Provider or institution.

Name of Child in care_____

Name of Parent/Guardian_____

Street Address_____ Apt #____

City_____ State_____ Zip_____

Phone_____

Name of Day Care or Owner/Operator_____

On-Site Provider *(if different)*_____

Mailing Address *(if different)*_____ Apt #____

City_____ State_____ Zip_____

Alternate Phone_____

Household: a group of individuals who live together and share income and expenses.

NAME EVERYONE LIVING IN YOUR HOUSEHOLD *BEGIN WITH YOURSELF	DATE OF BIRTH	RELATIONSHIP TO YOU	ENROLLED IN CARE (Y/N)
1.*		**SELF**	
2.			
3.			
4.			
5.			
6.			
7.			

Household in which any member receives Free/Reduced-Price Meals, SNAP, TANF or FDPIR benefits give Tier I eligibility to all children in that household.

☐ Free/Reduced-Price School Lunch ☐ TANF #_____

☐ SNAP Case #_____ ☐ FDPIR #_____

Children enrolled in these programs are categorically eligible for Tier I:

☐ Head Start or Early Head Start ☐ Court-placed Foster Child ☐ Medicaid #_____

PART B: Household Income – List the income/salary of everyone in your household and how often it is received.

HOUSEHOLD MEMBER NAME	GROSS SALARY		
	WEEKLY	MONTHLY	YEARLY
1.			
2.			
3.			
☐ **Unemployment/Disability**			
☐ **Self-Employed (Net)**			
☐ **Other** – includes pensions, retirement, Social Security, welfare payments, child support and any other sources of income. Specify_____			
TOTAL	**$**	**$**	**$**

PART C: Parent/Guardian Certification – READ THE STATEMENT BELOW BEFORE SIGNING.

I certify that the information on this form is true and correct. I understand that this information is given for the receipt of federal funds, and officials may check the information on this application. I understand that giving incorrect information on purpose may subject me to prosecution under applicable state and federal laws.

Section 9 of the National School Lunch Act requires that if a SNAP, TANF or FDPIR case number is not provided, you must include the last four digits of a Social Security number below. Give the Social Security number of the parent/guardian who is the primary wage earner or the adult household member signing this statement, or indicate that the adult household members do not have a Social Security number. This statement cannot be approved without this information. This form must be brought to the attention of the household member whose Social Security number is disclosed. Verification of the information on this form may be conducted through program reviews, audits, investigations, contacting employers to determine income, or SNAP or welfare offices to determine the current certification for receipt of SNAP, TANF or FDPIR benefits, contact with the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim, or legal actions if incorrect information is reported.

Printed Name of Adult

_____

Social Security Number of Primary Wage Earner

X	X	X	—	X	X	—				

Signature of Adult

_____

Date Signed by Parent_____

FOR SPONSOR USE ONLY

CACFP Agreement #_____ Provider #_____

Total Number of Household Members_____ Total Household Income $_____

Total Number of Foster Children_____

Number of Tier I Eligible Children_____

Number of Tier II Eligible Children_____

Reason_____

Signature of Sponsor's Determining Official_____ Date of Determination_____

Letter to Households/Income Eligibility Form
Family Day Care Home Provider

Dear Day Care Home Provider:

When you join the Child and Adult Care Food Program (CACFP) you are paid for healthy meals you serve the children in your day care home. CACFP pays for meals and snacks at two different rates. Your Sponsor will work with you to find out if you will be paid at the Tier I or the Tier II rate.

How does my Sponsor know if my home is Tier I? There are a few ways your Sponsor can find out if your day care home can be paid at this higher rate. Your Sponsor will also tell you if you must fill out this form so you can be paid at this rate. The information on this application is private and will not be shared with others.

1. The Sponsor will find out if your day care home is in the attendance area of a school that qualifies you for Tier I payments. You will not have to fill out this form.

2. The Sponsor can use census data showing you can be paid Tier I rates. You will not have to fill out this form.

3. If you or anyone in your household receives SNAP, TANF or FDPIR benefits, you can be paid at Tier I rates. You must fill out Part A of this form with the identification or case number, sign and date the form. You must complete this form every year.

4. You might meet the income guidelines for the Tier I rate. You must fill out Parts A, B, and C of this form. Once completed, sign and date the form. This form must be completed every year.

What happens if my day care home is not Tier I? The meals you serve children in your day care home will be paid at the lower Tier II rates. Your Sponsor will also talk to you to find out if you might be able to be paid at Tier I rates for some of the children in your care.

How do I qualify to claim meals for my own child or foster child living with me? If your day care home has qualified for Tier I, your Sponsor will also explain that CACFP might be able to pay for some meals your own children eat at home. To find out if this is possible, you must complete the Income Eligibility Form and give it to your Sponsor. If your Sponsor determines you are eligible, you may claim your children or foster children living with you if they are under 13 years of age, are enrolled in the food program, and non-resident children in care are eating at the same time. You must complete this form every year to determine if you can claim your own children for meals or snacks.

Foster children are automatically eligible for Tier I rates regardless of the income of the household in which they live. Talk to your Sponsor about how to fill out the form for foster children.

Sincerely,

CACFP Representative

USDA is an equal opportunity provider and employer.

INCOME ELIGIBILITY GUIDELINES FOR TIER I
(Effective July 1, 2014 until June 30, 2015)

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	YEARLY	MONTHLY	WEEKLY
1	21,590	1,800	416
2	29,101	2,426	560
3	36,612	3,051	705
4	44,123	3,677	849
5	51,634	4,303	993
6	59,145	4,929	1,138
7	66,656	5,555	1,282
8	74,167	6,181	1,427
FOR EACH ADDITIONAL FAMILY MEMBER	+7,511	+626	+145

SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Earnings from Work
Wages, Salaries, Tips
Strike Benefits
Unemployment Compensation
Workers' Compensation
Net Income from Self-Owned Business, Farm or Day Care

Welfare/Child Support/Alimony
Public Assistance Payments
Welfare Payments
Alimony
Child Support Payments

Pensions/Retirement/Social Security
Pensions (government and private)
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Categorically Eligible Programs
Supplemental Nutrition Assistance Program (SNAP)
Temporary Assistance to Needy Families (TANF)
Food Distribution Program on Indian Reservations (FDPIR)
Court-placed Foster Children

Other Income
Disability Benefits
Cash Withdrawn from Savings, Interest or Dividends
Income from Estates, Trusts, Investments
Regular Contributions from persons not living in the household
Net Royalties, Annuities
Net Rental Income
Any Other Income

Instructions for Providers Completing the Income Eligibility Form: Report all household income, not just your day care home business income. The definition of *family* or *household* is the following: a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Family members who become unemployed may be eligible for Tier I reimbursement rates if the loss of income causes the family income to be within the eligibility standards during the period of unemployment.

Verification of Income: Income must be verified for Providers who are eligible for Tier I based upon household income. If you operated a day care home business last year, please attach a copy of your most recent tax return including Schedule C. Other income documentation may include pay stubs for salaried work or statements from other forms of income for all household members.

CACFP Agreement #_____ Provider #_____

PART A: The Child and Adult Care Food Program is required to ask for the information on this form. It will be used only by the Child and Adult Care Food Program and is considered confidential. It is not related to any fees you may be charged by the Sponsor, Provider or institution.

Name of Day Care or Owner/Operator_____

On-Site Provider _____
(if different)
Street Address_____ Apt #____
City_____State_____ Zip_____

Phone Number_____

Foster Child Name_____

Mailing Address _____ Apt #____
(if different)
City_____State_____ Zip_____

Alternate Phone Number_____

Household: a group of individuals who live together and share income and expenses.

NAME EVERYONE LIVING IN YOUR HOUSEHOLD *BEGIN WITH YOURSELF	DATE OF BIRTH	RELATIONSHIP TO YOU	ENROLLED IN CARE (Y/N)
1.*		**SELF**	
2.			
3.			
4.			
5.			
6.			
7.			

Households in which any member receives SNAP, TANF or FDPIR benefits give Tier I eligibility to the Provider. Please provide the case number and documentation, if required by your Sponsor. If no one in your household participates in one of these programs, go to Part B.

☐ SNAP Case # _____

☐ FDPIR #_____

☐ TANF #_____

☐ Court-placed Foster Child

PART B: Household Income – List the income/salary of everyone in your household.

HOUSEHOLD MEMBER NAME	GROSS SALARY		
	WEEKLY	MONTHLY	YEARLY
1.			
2.			
3.			
☐ **Unemployment/Disability** – Please bring stub/disability letter.			
☐ **Self-Employed (Net)** – Please bring Income Tax Records.			
☐ **Other** – Please bring proof of interest, dividends, rental income, income from estates or trust, Social Security, SSI, spousal support, child support, pensions and any other cash received or withdrawn from any source.			
TOTAL	**$**	**$**	**$**

PART C: Provider Certification – PLEASE READ THE STATEMENT BELOW BEFORE SIGNING.

I certify that the information on this form is true and correct. I understand that this information is given for the receipt of federal funds, and officials may check the information on the application. I understand that giving incorrect information on purpose may subject me to prosecution under applicable state and federal laws.

Section 9 of the National School Lunch Act requires that if a SNAP, TANF or FDPIR case number is not provided, you must include the last four digits of a Social Security number below. Give the Social Security number of the adult household member signing this statement, or indicate that the adult household members do not have a Social Security number. This statement cannot be approved without this information. This form must be brought to the attention of the household member whose Social Security number is disclosed. Verification of the information on this form may be conducted through program reviews, audits, investigations, contacting employers to determine income, or SNAP or welfare offices to determine the current certification for receipt of SNAP, TANF or FDPIR benefits, contact with the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim, or legal actions if incorrect information is reported.

Printed Name of Provider

_____

Social Security Number of Provider

X	X	X	—	X	X	—				

Signature of Provider

_____

Date Signed by Provider_____

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CACFP Agreement #_____ Provider #_____

Total Number of Household Members:_____ Total Household Income: $_____

_____Provider is Tier I eligible by (circle): Income Area School Census

_____Provider is Tier I by Income & Can Claim Own Children. # of Eligible Children_____

_____Provider is Tier II Eligible Only & Cannot Claim Own Children

_____Total Number of Foster Children

Signature of Sponsor's Determining Official_____ Date of Determination_____

CACFP Agreement #_____

CACFP
Child and Adult Care Food Program
New York State Department of Health

ORDER FORM
for Sponsoring Organizations of Day Care Homes

In case we need to call: Phone _____ Date _____

ALL ORDERS will be shipped to the Sponsor's address on file

Package should be sent to the attention of _____

See FORM DESCRIPTIONS on Back

# Needed	Form #	Name
	1377	Crediting Foods in CACFP
	4364	Good Nutrition Pays in Day Care Homes
	AD-475-C	And Justice For All poster
	CACFP-102	Healthy Child Meal Pattern
	CACFP-102es	Spanish version of CACFP-102
	CACFP-102ru	Russian version of CACFP-102
	CACFP-102zh	Chinese version of CACFP-102
	CACFP-102ar	Arabic version of CACFP-102
	CACFP-102ht	Haitian-Creole version of CACFP-102
	CACFP-102ko	Korean version of CACFP-102
	CACFP-103	Healthy Infant Meal Pattern
	CACFP-103es	Spanish version of CACFP-103
	CACFP-103ru	Russian version of CACFP-103
	CACFP-103zh	Chinese version of CACFP-103
	CACFP-103ar	Arabic version of CACFP-103
	CACFP-103ht	Haitian-Creole version of CACFP-103
	CACFP-103ko	Korean version of CACFP-103
	CACFP-104	Provider Updates/Changes
	CACFP-106	Pre-approval Checklist for Enrolled Caregivers and Day Care Home Providers
	CACFP-109	Sample Infant Lunch Menus
	CACFP-121	Infant Feeding Statement
	CACFP-152	Is My Day Care Home Breastfeeding Friendly?
	CACFP-154	Infant Menu for Day Care Homes – Breakfast – Snack – Lunch

# Needed	Form #	Name
	CACFP-155	Infant Menu for Day Care Homes – Snack – Lunch - Supper
	CACFP-160	On-Site Provider Addendum
	CACFP-171	Day Care Home Menu
	CACFP-171es	Spanish version of CACFP-171
	CACFP-178	Healthy Child Meal Pattern Requirements and Recommendations
	CACFP-182	Sample Child Care Menus
	CACFP-200	US and NYS Labor Laws
	CACFP-3705	Continuous Application and Agreement for Day Care Homes Participation
	CACFP-3978	Order Form for Sponsoring Organizations of Day Care Homes
	CACFP-4118	Monitor Checklist for Day Care Homes
	DOH-3805	Application for Start-up or Expansion Payments for Sponsoring Organizations of Day Care Homes
	DOH-4160	Letter to Households/Tier II Day Care Homes Participant
	DOH-4160es	Spanish version of DOH-4160
	DOH-4161	Letter to Households/Day Care Homes Provider
	DOH-4161es	Spanish version of DOH-4161
	DOH-4219	Provider Transfer Form
	DOH-4419	Day Care Home Enrollment Form
	FNS-258	Feeding Infants Guide
		Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program

FUNDING TO FEED CHILDREN OUTREACH FLYERS

COUNTIES:	English	Spanish	Russian	Chinese	Bosnian	Haitian-Creole	Karen	MaayMaay
_____								
_____								

WIC
4081-English
4082-Spanish

BUILDING FOR THE FUTURE

English	Spanish	Russian	Chinese	Arabic	Bengali	Bosnian	French	Haitian-Creole	Hebrew

Hmong	Japanese	Khmer	Lao	MaayMaay	Portuguese	Thai	Vietnamese	Yiddish

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FORM DESCRIPTIONS

Form #	Description
1377	Resource identifying reimbursable foods in CACFP
4364	Brochure for providers explaining CACFPs
AD-475-C	Poster must be displayed at the Sponsor's office
CACFP-102	Chart indicating required components and minimum quantities of food for children 1-12 years old in care
CACFP-103	Chart indicating required components and minimum quantities of food for infants less than 1 year old in care
CACFP-104	Guidelines for submitting provider updates or other changes
CACFP-106	Form to be used when conducting the pre-approval visit for a new provider
CACFP-109	Sample menus for feeding infants
CACFP-121	Must be completed by the parent/guardian to select or revise the facility's offer to provide infant formula or other meal components
CACFP-151	Understanding the benefits of becoming a breastfeeding-friendly day care home
CACFP-152	Breastfeeding friendly self-assessment questions
CACFP-153	Explains to parents the benefits of a breastfeeding-friendly day care home
CACFP-154	Individual menu record for infant meals – breakfast – snack – lunch
CACFP-155	Individual menu record for infant meals – snack – lunch – supper
CACFP-160	Used to document changes in the on-site provider in homes owned by another person or corporate entity
CACFP-171	Menu planning form
CACFP-178	Recommendations and requirements for healthy meals
CACFP-182	Sample menus
CACFP-200	Labor laws that apply to all participating sponsors.

Form #	Description
CACFP-3978	To order forms
CACFP-4118	Checklist used by Sponsors to document required monitoring of providers
DOH-3705	Application and agreement for a day care home to participate in CACFP. Also available in Spanish.
DOH-3709	To submit monthly data for payment, if not using CIPS
DOH-3710	To submit monthly data for payment, if not using CIPS
DOH-3805	To apply for start-up or expansion payments
DOH-4160	Letter, income eligibility guidelines and application for households of children participating in a Tier II home. This form should be used to qualify children in a Tier II home for Tier I rates.
DOH-4161	Letter, income eligibility guidelines and application for providers. This form should be used to document eligibility to claim provider's own or resident children and for Tier I eligibility verification.
DOH-4219	Used by provider to transfer to another Sponsor
DOH-4419	Used to obtain annual enrollment information for children in day care homes
Feeding Infants Guide	A handbook of information for feeding infants
Funding to Feed Children Outreach Flyers	Outreach flyer listing day care home sponsors in a specific county
Find Out More About WIC	Distribute yearly to families of children under age 6
Building for the Future	Distribute to the families of new children when they are enrolled in care
Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program	This handbook was developed to help CACFP child care providers create healthier environments for the children in their care.

Many of our forms can also be found on the web at www.health.ny.gov/CACFP

Submit your order using ONE of these options: →

Mail to:
Form Orders
NYS DOH-DON-CACFP
150 Broadway Room 650
Albany, NY 12204

OR

Fax to:
(518) 402-7252
No need for cover page

OR

Email to:
cacfp@health.state.ny.us

For information about an order placed with CACFP, call 1-518-402-7262

First Time Submission – 60 day

Last Day of Claim Month	Postmark or Receipt Deadline for Claim
July 31, 2013	September 30, 2013
August 31, 2013	October 30, 2013
September 30, 2013	November 29, 2013
October 31, 2013	December 30, 2013
November 30, 2013	January 29, 2014
December 31, 2013	March 1, 2014
January 31, 2014	April 1, 2014
February 28, 2014	April 29, 2014
March 31, 2014	May 30, 2014
April 30, 2014	June 30, 2014
May 31, 2014	July 30, 2014
June 30, 2014	August 29, 2014
July 31, 2014	September 29, 2014
August 31, 2014	October 30, 2014
September 30, 2014	November 29, 2014

Important: If the postmark deadline falls on a holiday or Sunday, the due date allowed is advanced to the next business day, as indicated above.

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Adjusted Claim – 90 day

Last Day of Claim Month	Postmark or Receipt Deadline for Claim
July 31, 2013	October 29, 2013
August 31, 2013	November 29, 2013
September 30, 2013	December 30, 2013
October 31, 2013	January 29, 2014
November 30, 2013	February 28, 2014
December 31, 2013	March 31, 2014
January 31, 2014	May 1, 2014
February 28, 2014	May 29, 2014
March 31, 2014	June 30, 2014
April 30, 2014	July 29, 2014
May 31, 2014	August 29, 2014
June 30, 2014	September 29, 2014
July 31, 2014	October 29, 2014
August 31, 2014	November 29, 2014
September 30, 2014	December 29, 2014

Important: If the postmark deadline falls on a holiday or Sunday, the due date allowed is advanced to the next business day, as indicated above.