



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
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

**DATE:** August 3, 2015

**SUBJECT:** 2015-16 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 2015 claim, use the revised reimbursement rates on form CACFP-124H to reimburse the monthly claims from DCH Providers
2. DOH-4160 and DOH-4161  
Beginning July 1, 2015, use the Letter to Households/Income Eligibility Form/Tier II Day Care Home Participant [DOH-4160 (4/15)] and Letter to Households/Income Eligibility Form/Family Day Care Home Provider [DOH-4161 (4/14)] to categorize DCH Providers and child households as Tier I or Tier II. Spanish versions may be ordered or printed on line.
3. CACFP-3978H  
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](http://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-3979H  
Use this form to order Policy Memos and Mass Mailings to update CACFP Manual.
5. CACFP-127  
Use the enclosed 60/90-Day Calendar to track the deadlines for submission of monthly claims for reimbursement for the new fiscal year. 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)

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 2015-2016 (CACFP-127)

Annual Update of CACFP Manual (CACFP-3979)

**Reimbursement Rates for Meals Served in Day Care Homes  
EFFECTIVE FROM July 1, 2015 to June 30, 2016**

	<b>BREAKFAST</b>	<b>LUNCH/SUPPER</b>	<b>SNACKS</b>
<b>TIER I</b>	<b>\$ 1.32</b>	<b>\$ 2.48</b>	<b>\$ 0.74</b>
<b>TIER II</b>	<b>\$ 0.48</b>	<b>\$ 1.50</b>	<b>\$ 0.20</b>

<b>Administrative Reimbursement Rates for Sponsoring Organizations of Day Care Homes</b>	
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.

USDA is an equal opportunity provider and employer.

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

**INCOME ELIGIBILITY GUIDELINES FOR TIER I**  
**(Effective July 1, 2015 until June 30, 2016)**

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	YEARLY	MONTHLY	WEEKLY
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+7,696	+642	+148

**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

**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

**Welfare/Child Support/Alimony**

Public Assistance Payments  
 Welfare Payments,  
 Alimony, Child Support Payments

**LIST OF CATEGORICALLY ELIGIBLE PROGRAMS<sup>1</sup>**

**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

<sup>1</sup>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.

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 Day Care or Owner/Operator _____
Name of Parent/Guardian _____	On-Site Provider (if different) _____
Street Address _____ Apt # _____	Mailing Address _____ Apt # _____ (if different)
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	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.

<input type="checkbox"/> Free/Reduced-Price School Lunch	<input type="checkbox"/> TANF # _____
<input type="checkbox"/> SNAP Case # _____	<input type="checkbox"/> FDPIR # _____

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

<input type="checkbox"/> Head Start or Early Head Start	<input type="checkbox"/> Court-placed Foster Child	<input type="checkbox"/> Medicaid # _____
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**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.			
<input type="checkbox"/> Unemployment/Disability			
<input type="checkbox"/> Self-Employed (Net)			
<input type="checkbox"/> Other – includes pensions, retirement, Social Security, welfare payments, child support and any other sources of income. Specify _____			
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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	—				
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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 \_\_\_\_\_

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

**INCOME ELIGIBILITY GUIDELINES FOR TIER I  
(Effective July 1, 2015 until June 30, 2016)**

HOUSEHOLD SIZE	HOUSEHOLD INCOME (ALL SOURCES)		
	YEARLY	MONTHLY	WEEKLY
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
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5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+7,696	+642	+148

**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.

**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)

Foster Child Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_  
(if different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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.			
<input type="checkbox"/> <b>Unemployment/Disability</b> – Please bring stub/disability letter.			
<input type="checkbox"/> <b>Self-Employed (Net)</b> – Please bring Income Tax Records.			
<input type="checkbox"/> <b>Other</b> – 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.			
<b>TOTAL</b>	\$	\$	\$

**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	—				
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SIGNATURE OF PROVIDER \_\_\_\_\_

DATE SIGNED BY PROVIDER \_\_\_\_\_

**FOR SPONSOR USE ONLY**

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 \_\_\_\_\_



## 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
	1378	Spanish version of 1377
	4066	And Justice for All poster
	4364	Good Nutrition Pays in Day Care Homes
	4384	Spanish version of 4364
	4385	Chinese version of 4364
	4386	Russian version of 4364
	4421	Together We Can Raise Healthy Children
	4422	Spanish version of 4421
	4423	Italian version of 4421
	4424	Chinese version of 4421
	4425	Korean version of 4421
	4426	Russian version of 4421
	4427	French version of 4421
	4428	Haitian-Creole version of 4421
	CACFP-102	Healthy Child Meal Pattern
	CACFP-103	Healthy Infant Meal Pattern
	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
	CACFP-155	Infant Menu for Day Care Homes – Snack/Lunch/Supper
	CACFP-160	On-Site Provider Addendum
	CACFP-170	Bureau of Special Investigations Fraud & Abuse Report Form
	CACFP-171	Day Care Home Menu
	CACFP-171es	Spanish version of CACFP-171
	CACFP-178	Healthy Child Meal Pattern Requirements and Recommendations
	CACFP-178es	Spanish version of CACFP-178
	CACFP-182	Sample Child Care Menus

# NEEDED	FORM #	NAME
	CACFP-200	US and NYS Breastfeeding Labor Laws
	CACFP-3705	Continuous Application and Agreement for Day Care Homes Participation
	CACFP-3978	Order Form – Homes
	CACFP-4118	Monitor Checklist for Day Care Homes
	DOH-3805	Application for Start-Up or Expansion Payments – 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	Child Enrollment Form – Homes
	DOH-5063	Application for Close-Out Payments – Homes
	DOH-5128	Child Meal Disallowance
	DOH-5128es	Spanish version of DOH-5128
	FNS-258	Feeding Infants Guide

### FUNDING TO FEED CHILDREN OUTREACH FLYERS

Counties: \_\_\_\_\_

English	bs-Bosnian	es-Spanish	ht-Haitian-Creole
kar-Karen	ru-Russian	ymm-MaayMaay	zh-Chinese

### BUILDING FOR THE FUTURE

English	ar-Arabic	bn-Bengali	bs-Bosnian
es-Spanish	fr-French	he-Hebrew	hmn-Hmong
ht-Haitian-Creole	ja-Japanese	kar-Karen	km-Khmer
lo-Lao	pt-Portuguese	ru-Russian	th-Thai
vi-Vietnamese	yi-Yiddish	ymm-MaayMaay	zh-Chinese

### WIC

4081-English	4082-Spanish
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USDA is an equal opportunity provider and employer.

## FORM DESCRIPTIONS

FORM #	DESCRIPTION
1377	Resource identifying reimbursable foods in CACFP
4066	Poster must be displayed at the Sponsor's office
4364	Brochure for providers explaining CACFP
4421	Brochure for parents explaining the benefits of having a child care provider that participates in CACFP
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-152	Breastfeeding friendly self-assessment questions
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-170	CACFP Fraud & Abuse Report Form
CACFP-171	Menu planning form
CACFP-178	Recommendations and requirements for healthy meals

FORM #	DESCRIPTION
CACFP-182	Sample daily menus for children
CACFP-200	Breastfeeding labor laws that apply to all participating sponsors
CACFP-3705	Application and agreement for a day care home to participate in CACFP.
CACFP-3978	To order forms
CACFP-4118	Checklist used by Sponsors to document required monitoring of providers
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
DOH-5063	Used to apply for close-out payments
DOH-5128	Provider meal disallowance form
FNS-258	The Feeding Infants Guide is available on CD only
Funding to Feed Children	Outreach flyer listing day care home sponsors in a specific county
Building for the Future	Distribute to the families of new children when they are enrolled in care
WIC	Distribute yearly to families of children under age 6

*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:  
→

<p><b>Mail to:</b> NYS DOH CACFP – Orders 150 Broadway Suite 650 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

### First Time Submission – 60 day

Last Day of Claim Month	Postmark or Receipt Deadline for Claim
July 31, 2015	September 29, 2015
August 31, 2015	October 30, 2015
September 30, 2015	November 30, 2015
October 31, 2015	December 30, 2015
November 30, 2015	January 29, 2016
December 31, 2015	February 29, 2016
January 31, 2016	March 31, 2016
February 29, 2016	April 29, 2016
March 31, 2016	May 31, 2016
April 30, 2016	June 29, 2016
May 31, 2016	July 30, 2016
June 30, 2016	August 29, 2016
July 31, 2016	September 29, 2016
August 31, 2016	October 31, 2016
September 30, 2016	November 29, 2016

**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.**

USDA is an equal opportunity provider and employer.

## Adjusted Claim – 90 day

Last Day of Claim Month	Postmark or Receipt Deadline for Claim
July 31, 2015	October 29, 2015
August 31, 2015	November 30, 2015
September 30, 2015	December 29, 2015
October 31, 2015	January 29, 2016
November 30, 2015	February 29, 2016
December 31, 2014	March 30, 2016
January 31, 2016	April 30, 2016
February 28, 2016	May 31, 2016
March 31, 2016	June 29, 2016
April 30, 2016	July 29, 2016
May 31, 2016	August 29, 2016
June 30, 2016	September 28, 2016
July 31, 2016	October 29, 2016
August 31, 2016	November 29, 2016
September 30, 2016	December 29, 2016

**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.**

Sponsor Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:** These Program memoranda were sent to Sponsoring Organizations of Day Care Homes at the time of initial distribution and should be kept in the Sponsor’s CACFP files. In order to ensure that Sponsoring Organizations maintain a complete file, once a year Sponsors have the opportunity to order any items from the last fiscal year that have been misplaced. The description column provides information on the content of the policy memo (DOH-CACFP #) or informational mailing (Year - Number).

CODE	NAME	ISSUE DATE	DESCRIPTION	CHECK IF ORDERING
<b>Policy Memos</b>				
DOH-CACFP #155	Appealing an Adverse Action by CACFP – Denial of an Application	10/12	Describes procedures for appealing denied participation in CACFP	
DOH-CACFP #176	Policy on Day Care Home Providers Who Have Moved	12/14	Clarifies the rules for continuing CACFP participation if a Day Care Home Provider moves to a new location	
DOH-CACFP #177	Crediting Vegetarian Meat Alternates in CACFP Meals	1/15	Updated list of vegetarian products creditable as meat alternates in CACFP	
DOH-CACFP #178	Fraud Detection and Investigation	1/15	Describes procedures for referring suspected CACFP fraud or abuse	

**Mass Mailings**

2014-11	Advance Payment Recovery Procedure	9/12/14	Explains recovery of outstanding administrative and operating advances in CACFP	
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Submit your order using **ONE** of these options: →

**Mail to:**  
**CACFP – Homes Unit**  
150 Broadway Suite 650  
Albany, NY 12204-2719

**OR**

**Fax to:**  
(518) 402-7252

**OR**

**Email to:**  
cacfp@health.ny.gov

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