

ORDER FORM FOR SPONSORS OF DAY CARE HOMES

| Phone #: | Date: |
|---|--|
| Package should be sent to the attention of: | ALL ORDERS will be shipped to the Sponsor address on fil |

| FORM # | FORM TITLE | | | | | |
|--------------|--|--|--|--|--|--|
| 1277 | Crediting Foods in CACFP | | | | | |
| 13// | translations available | | | | | |
| 1250 | Child Meal Pattern | | | | | |
| 1239 | translations available | | | | | |
| 1260 | Infant Meal Pattern | | | | | |
| 1200 | translations available | | | | | |
| 4004 | Ready, Set, Grow With WIC | | | | | |
| 4081 | translations available | | | | | |
| 1261 | Good Nutrition Pays in Day Care Homes | | | | | |
| 4364 | translations available | | | | | |
| | Together We Can Raise Healthy Children | | | | | |
| 4421 | translations available | | | | | |
| | And Justice for All poster | | | | | |
| AD-475A | includes English and Spanish | | | | | |
| | Reference Chart for Provider | | | | | |
| CACFP-104 | Updates/Changes in CIPS | | | | | |
| | | | | | | |
| CACFP-106 | Pre-Approval Checklist for Enrolled | | | | | |
| | Caregivers and Day Care Home Providers | | | | | |
| CACFP-109 | Sample Infant Menus | | | | | |
| 0.1011 107 | | | | | | |
| CACEP-127 | Claim Submission Deadlines | | | | | |
| - Criefi 127 | | | | | | |
| CACEP-171 | Day Care Home Child Menu | | | | | |
| C.1C11 1/1 | translations available | | | | | |
| CACEP-173 | Child Meal Disallowance | | | | | |
| C/1C/1-1/3 | translations available | | | | | |
| CACEP-182 | Sample Child and Adult Care Menus | | | | | |
| CACI 1-102 | | | | | | |
| CACED 100 | Day Care Home Infant Menu 6 Months to | | | | | |
| CACFF-199 | 1st Birthday | | | | | |
| | 1377 1259 1260 4081 4364 4421 AD-475A CACFP-104 | | | | | |

| OT LANGUETTE | | PODM TITLE |
|--------------|--------------|---|
| QUANTITY | FORM # | FORM TITLE |
| | CACFP-200 | US and NYS Breastfeeding Labor Laws |
| | G . GPP 4050 | Order Form for Sponsors of Day Care |
| | CACFP-3978 | Homes |
| | DOIL 2005 | Application for Start-Up or Expansion |
| | DOH-3805 | Payments for Day Care Home Sponsors |
| | | Letter to Households/Income Eligibility |
| | DOH-4160 | Form Tier II Day Care Home |
| | | Participant translations available |
| | | Letter to Households/Income Eligibility |
| | DOH-4161 | Form Family Day Care Home Provider |
| | DOI1-4101 | translations available |
| | | Provider Transfer Form |
| | DOH-4219 | Trovider Transfer Porm |
| | DOM 4410 | Child Enrollment Form for Day Care |
| | DOH-4419 | Homes |
| | | Application for Close-Out Payments for |
| | DOH-5063 | Sponsoring Organizations of Day Care |
| | DOII 3003 | Homes |
| | 2011 21 22 | On-Site Provider Addendum |
| | DOH-5155 | On Site 1 Toylder 7 Education |
| | DOIL 5160 | Continuous Application and Agreement |
| | DOH-5160 | for Day Care Home Participation |
| | DOH-5166 | Monitor Checklist for Day Care Homes |
| | DOU-2100 | • |
| | DOH-5186 | Day Care Home Breastfeeding Friendly |
| | DOU-2100 | Self-Assessment |
| | FNS-317 | Building for the Future |
| | L1/2-21/ | translations available |
| | FNS-786 | Guide to Feeding Infants in CACFP |
| | 1110-700 | translations available |

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

| Form # | Arabic | Bengali | Chinese | French | Haitian- Creole | Italian | Korean | Polish | Russian | Spanish | Urdu | Yiddish |
|-----------|--------|---------|---------|--------|--------------------|---------|--------|--------|---------|---------|------|---------|
| 1377 | * | * | * | * | * | * | * | * | * | | * | * |
| 1259 | | | | | | | | | | | | |
| 1260 | | | | | | | | | | | | |
| 4081 | | | | | | | | | | | | |
| 4364 | * | * | * | * | * | * | * | * | * | | * | * |
| 4421 | | | * | * | * | * | * | | * | | | |
| CACFP-171 | | | | | | | | | | | | |
| CACFP-173 | | | | | | | | | | | | |
| DOH-4160 | | | | | | | | | | | | |
| DOH-4161 | | | | | | | | | | | | |
| FNS-317 | | | | | | | | | | | | |
| FNS-786 | | | | | | | | | | | | |

FORM DESCRIPTIONS

| FORM# | DESCRIPTION |
|-----------|--|
| 1377 | Resource identifying reimbursable foods in CACFP |
| 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 |
| 4364 | Resource for providers explaining CACFP |
| 4421 | Resource for parents explaining the benefits of having a child care provider that participates in CACFP |
| AD-475A | Poster must be displayed at sponsor facility |
| CACFP-104 | Guidelines for submitting provider updates |
| CACFP-106 | Document pre-approval visit for a new provider |
| CACFP-109 | Sample menus for infants |
| CACFP-127 | Chart indicating the 60-day postmark deadline for monthly claims |
| CACFP-171 | Menu planning form |
| CACFP-173 | Document monitoring of Day Care Home provider meals |
| CACFP-182 | Sample daily menus for children |
| CACFP-199 | Individual menu record for infant meals |

| FORM # | DESCRIPTION |
|------------|---|
| CACFP-200 | Breastfeeding labor laws that apply to all participating sponsors and providers |
| CACFP-3978 | Order Day Care Home forms |
| DOH-3805 | 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 when transferring to another sponsor |
| DOH-4419 | Record annual enrollment information for children in day care homes |
| DOH-5063 | Apply for close-out payments |
| DOH-5155 | Used to document changes in the on-site provider in homes owned by another person or corporate entity |
| DOH-5160 | Application and agreement for a day care home to participate in CACFP |
| DOH-5166 | Document required provider monitoring |
| DOH-5186 | Apply for a DCH 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 |

OR

Forms can also be found at www.health.ny.gov/CACFP

Submit your order using ONE of these options:

| Mail to: |
|--|
| NYS DOH CACFP – Orders 150 Broadway Suite 600 Albany, NY 12204 |

Fax to:
OR (518) 402-7252

No need for cover page

Email to:

CACFP@health.ny.gov

For information about an order placed with CACFP, call 1-800-942-3858

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