



Childcare Nutrition Program

3180 University Ave Suite 400, San Diego CA 92104

Provider Drop/Transfer Form

TO: Chicano Federation Nutrition Program Providers

To terminate your agreement with the Chicano Federation Nutrition Program and exit the Child and Adult Care Food Program (CACFP), or if you intend to switch to another daycare home sponsor, please complete and submit this form. It must reach your current sponsor, indicating your decision to terminate at least two weeks before the month's end in which you seek to discontinue participation. Additionally, you must submit a copy of this form to the new sponsor before initiating the transfer process. Please be advised of the following:

1. All sponsors are allowed only one transfer per month; therefore, verify that the sponsor you wish to transfer to can accept you.
2. A provider may not transfer more than once in a twelve-month period.
3. No CACFP sponsor is obligated to accept your application; The sponsor you leave is not obligated to take you back if you decide to return.
4. You cannot be approved for meal reimbursement with a new CACFP sponsor until all paperwork is completed and approved by the State.
6. All sponsors pay the same federal meal reimbursement. All sponsors require providers to attend training. All sponsors must-visit providers at meals and at least two visits each year must be unannounced.
7. All sponsors require providers to record menus, meal counts, and attendance every day. All sponsors must disallow meals when any of these records are not accurate or current on a daily basis.
8. All sponsors must disburse federal meal reimbursement within five working days of receipt from the State.

Drop

Complete the following information and submit to Chicano Federation Nutrition Program

Provider Name:	License Number:
Provider Address:	
Please drop me from your CACFP Sponsorship Effective:	
Reason:	
Provider Signature:	Date:

☐ Transfer

If provider checks transfer, Chicano Federation will complete the information below and return to provider

Transferring to:	Phone:
Sponsor Address:	
Chicano Federation will pay meal reimbursements through the month of _____ 20____.	
This provider is eligible to transfer to another CACFP sponsor effective _____ 20____.	
The provider is in good standing with our agency with no unresolved action pending. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
<div style="text-align: right;">Viviana Sanchez Chicano Federation Nutrition Program Supervisor</div>	