



Iowa Child and Adult Care Food Program
Provider Transfer Request (TR) to a New Home Sponsor
 May 2015

CACFP requirements and instructions on reverse side.

Home Provider Name		CACFP Site Number
Address		Phone Number
Projected date to terminate my CACFP Agreement (CNP-123)		DHS Registration Number
My reason(s) to request transfer		
Provider attended CACFP training since October 1 of current FY	Yes No (circle or highlight response) If yes, attach documentation:	
Name of new Home Sponsor		
Projected date to transfer		
Provider Signature		Date

Current Home Sponsor Name		Agreement Number
Date provider's request was received		
Provider is currently in good standing while participating with this Sponsor, with no unresolved seriously deficient findings.	Yes No (circle or highlight response) Comments:	
We will pay meal reimbursement through the month/year		Provider is eligible to transfer effective (month/year).
Sponsor decision and comments.		
Home Sponsor Signature		Date

New Home Sponsor Name		Agreement Number
Date request was received		
Provider will be allowed to be sponsored by our Home Sponsor organization.	Yes No (circle or highlight response) Comments:	
Pre-approval visit date.		Projected CACFP start date.
Was provider training accepted?	Yes No (circle or highlight response) Comments:	
Home Sponsor Signature		Date

State Agency (State Agency must review transfer request and give final decision about transfer if less than 12 months and due to extenuating circumstances)	Comments
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CACFP Requirements:

1. A provider is allowed to transfer Sponsors only one time during a 12 month time frame.
2. A provider cannot transfer to a newly opened Home Sponsor organization during the first 12 months of the Home Sponsor organization's CACFP participation.
3. A provider cannot transfer to an existing Home Sponsor organization that has expanded to a new area during the first 12 months of the approved Management Plan (Parts A and B).
4. A provider cannot be sponsored or submit claims with two different Sponsors during the same month.
5. Providers planning to transfer to another Home Sponsor organization, please be advised:
 - Basic CACFP requirements are the same regardless of the Sponsor organization, Sponsors and providers must follow CACFP regulations and Iowa Policy.
 - You cannot be approved for meal reimbursement with new Sponsor until all CACFP paperwork is completed and the provider application has been approved by the State Agency.
 - Providers must sign the CACFP Agreement (CNP-123) and follow Agreement/CACFP requirements.
 - Providers will receive verification of Tier Status, including start and end dates.
 - CACFP records (menus, meal participation and attendance) must be completed no later than the end of each child care business day regardless of whether using paper or computer records.
 - Enrolment forms are required for all infants/children in care.
 - Meal reimbursement rates are the same for all Sponsors and revised annually by CACFP rules.
 - All Sponsors are required to evaluate provider CACFP records. Meal disallowances are made when CACFP records are not current or accurate, and CACFP requirements are not met.
 - All Sponsors are required to conduct on-site monitoring reviews (some or all unannounced reviews) which will include one or more meal time observations.
 - CACFP training requirement is 2 hours for the fiscal year. Civil Rights training is also required.
 - All Sponsors must pay CACFP reimbursement to providers within 5 working days of receipt from the State Agency.
 - Providers who have been declared seriously deficient cannot request to transfer to another Sponsor organization until the corrective action plan has been approved, the finding deferred, and implementation of the plan confirmed.
 - All CACFP records must be maintained for three years after the end of the fiscal year.
 - Neither your current nor potential new CACFP Sponsor is required to accept your transfer request.
 - Both Sponsors must approve your request to allow the transfer to occur.
 - Your current Sponsor is not required to re-enroll you if you decide to return.

Home Provider Instructions:

1. Verify with the Sponsor you wish to transfer to that they will consider your request to be sponsored.
2. Communicate with your current Sponsor regarding your plan to change Sponsors.
3. Complete Home Provider section if you are requesting to participate with another Home Sponsor.
4. Submit your completed request and registration to your current Sponsor three (3) weeks prior to your projected transfer effective date. If applicable, submit with your request, documentation of CACFP training completed since October 1, and/or documentation of seriously deficient finding(s) and deferment.
5. Your current Sponsor will review your request and return it to you as approved, or it may be denied and the transfer will not be allowed.
6. If your request is approved, give the TR form, a copy of your current registration, and documentation (if applicable, see #4) to the new Sponsor.
7. If the new Sponsor approves your request, they will submit this form, your registration, and documentation (if applicable) to the State Agency.

NOTE: Provider and both Home Sponsor organizations must maintain a copy of the approved/denied transfer request.