



PROVIDER TRANSFER

TO THE PROVIDER:

Submit this form if you wish to transfer your Child and Adult Care Food Program (CACFP) participation to another Sponsoring Organization. You must submit this form to your current Sponsor at least two weeks before the end of the month in which you wish to be transferred. You also must submit a copy of the completed form to the new sponsor before you can transfer. Please be advised of the following:

1. No CACFP sponsor is required to accept your application; verify that the sponsor you wish to transfer to will accept your application.
2. You cannot be approved for meal reimbursement with a new CACFP sponsor until all paperwork is completed and approved by the State.
3. The sponsor you leave is not required to take you back if you decide you would like to return.
4. CACFP meal reimbursement is paid at the same rate for all sponsoring agencies.
5. All CACFP sponsors must uphold the same regulations. All sponsors require providers to attend training. All sponsors visit providers at meals and visits may be unannounced. All sponsors require providers to keep daily menu and attendance records. All sponsors are required to make meal disallowances when records are not current or accurate.
6. All sponsors must pay out reimbursement within 5 working days of receipt from the State.
7. In no circumstance can a provider claim any part of the same month under two sponsors.
8. A provider declared seriously deficient cannot transfer until the deficiency has been temporarily deferred.

PART 1: PROVIDER COMPLETES AND SUBMITS TO CURRENT SPONSOR.

PROVIDER	LICENSE NO.	PHONE
PROVIDER ADDRESS		
Please drop me from your CACFP sponsorship effective:		
SIGNATURE	DATE	

PART 2: CURRENT SPONSOR COMPLETES AND RETURNS TO PROVIDER.

CURRENT SPONSOR	PHONE	
We will pay meal reimbursement through the month/year of:		
This provider is eligible to transfer to another CACFP sponsor effective:		
At this time the provider is in good standing with our agency with no unresolved action pending. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
SPONSOR REPRESENTATIVE NAME	SIGNATURE	DATE

PART 3: PROVIDER SUBMITS TO NEW SPONSOR. NEW SPONSOR COMPLETES AND SUBMITS A COPY TO OSPI AND A COPY TO THE PROVIDER.

NEW SPONSOR	PHONE	
We accept this provider effective:		
SPONSOR REPRESENTATIVE NAME	SIGNATURE	DATE