

**After-School Snack and Supper programs in At-Risk Areas
Application packet and instructions to participate in the
Child and Adult Care Food Program (CACFP)**

Please open and print the forms listed for participation in the Child and Adult Care Food Program. Please read instructions on the application to assist with your completion of the application materials. Please be sure all questions are answered and that **ALL** forms have been **signed** and **dated**. Incomplete applications will be returned and cause delays in starting the Program.

When an e-mail or fax number is provided, this will be the preferred method of correspondence for all communications between Missouri Department of Health and Senior Services-Community Food Nutrition Assistance (MDHSS-CFNA) and your organization. Please monitor these methods of communication frequently. **Please notify MDHSS-CFNA if e-mail address or fax number changes.**

Print and complete the following forms (keep a copy of all forms submitted):

Application, 3 pages (CACFP-2)
Statement of Affiliation form (CACFP-208)
Budget (CACFP-209)
Menu Forms (CACFP-210) (submit two (2) weeks of menus for each meal served at facility)
Vendor Input Form (MO 300-1489N)
Vendor ACH/EFT App (MO-300-1608E) (if direct deposit to financial institution is desired)
Network User Access Request form (MO 580-1854E)

Submit with the application:

Copy of IRS letter - 501 c (3) tax exemption status
Board of Directors Listing
A copy of Fire and Safety Inspections (not applicable if on school grounds)
A copy of Food Service Management Company or School Food Authority contract procure in accordance with MDHSS-CFNA Instruction and Prototypes . (catered food service only)

Read and use the following information/resources to complete menus:

Food Chart Child, Four Food Components and Creditable Foods Guide

Part of the application process is the scheduling of a pre-approval visit and Program orientation training at your location or agency. The pre-approval visit and training are required before the application can be approved. **Once the completed application packet is received in the CACFP office you will be scheduled for the pre-approval visit and training.**

You will be sent a contract once your application is approved. Please be sure to sign your contract and return it to our office as quickly as possible. No payment can be made to your institution until a fully signed and executed contract is on file in our office.

Please submit the **original, completed, signed, and dated** application packet to the following address:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
930 Wildwood (if shipped by UPS or FEDEX)
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102

Be sure to keep a copy of the application and all attachments for your records.

Thank you for your interest in the Child and Adult Care Food Program! If you have any questions about the application forms or the approval process, please call our toll-free number 800-733-6251.