



# HOME PROVIDER-SPONSOR TRANSFER REQUEST FORM

(Rev. 11/22)

## INSTRUCTIONS FOR TRANSFER

1. The Provider must complete Section A, sign, and submit the form to the current Sponsor at least 15 days prior to terminating their agreement.
2. The current Sponsor must complete Section B, sign, and forward the form to the new Sponsor at least 10 days prior to the effective transfer date.
3. The new Sponsor must sign, retain a copy, and return a copy to the former Sponsor and the Provider. (See bottom if using carbons)

**Provider Number**  
(Current Sponsor)

**Transfer Terms:** A transfer is when a provider terminates with one sponsor to join under another without any lapse in CACFP participation when the following terms are met:

- The Provider is in good standing with the CACFP requirements, as agreed to by both the current and new Sponsor.
- If within the first year of starting CACFP participation, the Provider may transfer on the first day of any subsequent month.
- If after the first year of starting CACFP participation, the Provider may transfer on the first day of the month after their anniversary date with the current sponsor.
- The Provider has not transferred within the last calendar year.

The Provider forfeits the right to receive CACFP reimbursement for a minimum of one full calendar month when these transfer terms are not met (unless otherwise approved by the State agency) and/or the new sponsor is not able to complete the orientation, previsit and Sponsor-Home Provider Agreement with the provider by the requested transfer date.

SECTION A (Provider completes)			
Provider Full Name	Phone No. (with Area Code)	Email Address	
Provider Address (Street Address/City/Zip)			County
Current Sponsor Name	New Sponsor Name	Requested Transfer Date (M/Y) <b>1st,</b>	
Provider Signature			Signature Date (M/D/Y)
SECTION B (Current Sponsor completes)			
Date Provider started CACFP Participation with current Sponsor (M/D/Y)			
Provider was a previous transfer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Previous Sponsor:
CACFP Performance Assessment	Yes	No	Additional Information
Menus and Meal Counts were current during home visits	<input type="checkbox"/>	<input type="checkbox"/>	
Product labels were available during home visits <i>(WGR items, cereals, yogurt, store-bought combo items, tofu as applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Meals served creditable foods / required components	<input type="checkbox"/>	<input type="checkbox"/>	
Records were readily available during home visits	<input type="checkbox"/>	<input type="checkbox"/>	
No other issues during home visits	<input type="checkbox"/>	<input type="checkbox"/>	
No questionable claim discrepancies	<input type="checkbox"/>	<input type="checkbox"/>	
Available for home visits	<input type="checkbox"/>	<input type="checkbox"/>	
Currently seriously deficient and/or owes debt	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNATURES (Both Current and New Sponsors)			
We mutually acknowledge this Provider's intent to transfer between Sponsors, agree the Provider's CACFP performance with the current Sponsor is acceptable, and will allow this transfer.			
Current Sponsor Signature	Signature Date (M/D/Y)	Date Forwarded to New Sponsor (M/D/Y):	
New Sponsor Signature	Signature Date (M/D/Y)	Date Forwarded to:	
		Previous Sponsor (M/D/Y):	
		Provider (M/D/Y):	