

**After School Snack or 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 to the start date for participation in the Program.

The e-mail or fax number you provide will be the preferred method of correspondence for all communications between Missouri Department of Health and Senior Services-Bureau of Community Food Nutrition Assistance (DHSS-BCFNA) and your organization. Please monitor these methods of communication frequently. **Please notify DHSS-BCFNA if the e-mail address or fax number changes.**

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

<a href="#">Application and Management Plan, 6 pages (CACFP-1)</a>
<a href="#">Application/Center Information, 5 pages (CACFP-2)</a>
<a href="#">Statement of Affiliation form (CACFP-208)</a> when part of a larger organization
<a href="#">Budget (CACFP-209)</a>
<a href="#">Menu Forms (CACFP-210)</a> (submit two (2) weeks of menus for each meal served at facility)
<a href="#">Network User Access Request form (MO 580-1854E)</a>
<a href="#">Vendor Input/ACH-EFT App (MO-300-1489)</a> (direct deposit required)
<a href="#">Business Management Assessment Application Instructions</a>
<a href="#">Business Management Assessment Application Form</a>

**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 ( <b>not applicable if on school grounds</b> )
<a href="#">A copy of Food Service Management Company or School Food Authority contract</a> (catered food service only)
A copy of current Child Care license or <a href="#">Section of Child Care Regulation Program Evaluation Questionnaire – DC-20</a>
Signed Memorandum of Understanding from the <a href="#">E-Verify federal work authorization program</a>

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

<a href="#">Food Chart Child, Four Food Components</a> and <a href="#">Creditable Foods Guide</a>
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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 and Scope of Work once your application is approved. Please be sure to read, complete the affidavit and sign your contract and return all to the 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 or fax number:

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  
Fax: 573-526-3679

**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 the toll-free number 800-733-6251.