

**Licensed Non Profit Adult Care Institutions  
Application 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>

**Centers charging a separate fee for meals must print and complete the following form:**

<a href="#">Policy Statement for Pricing Centers, 4 pages</a>
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**Submit with the application:**

Copy of current adult care license
Board of Directors Listing
Copy of IRS letter - 501 c (3) tax exemption status
<a href="#">Copy of Food Service Management Company or School Food Authority contract</a> (catered food service only)
Signed Memorandum of Understanding from the <a href="#">E-Verify federal work authorization program</a> .

**Read and use the following information/resources:**

Application cover letter and CACFP adult care information
<a href="#">Food Chart Adult, Four Food Components</a> and <a href="#">Creditable Foods Guide</a> (Needed to complete menus)
<a href="#">CACFP Adult Care Income Eligibility Guidelines</a>
<a href="#">CACFP Adult Care Recordkeeping Requirements</a>

The [Child and Adult Care Food Program Income Eligibility Guidance for Adult Day Care Centers](#) provides directions on how to categorize enrolled participants on the [application form](#).

Copy the Participant letter (page 3) and the Income Eligibility form (page 7) and send home to each participant/family member/legal guardian to complete. These Income Eligibility forms must be completed and on file for participants to be claimed in the free or reduced price category before you submit your claim. Estimates of the number in each category can be made for each category at the time of application.

The [\*Recordkeeping Essentials\*](#) booklet will help you with the program documentation requirements. You may want to bookmark or print this resource for frequent reference.

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.