



SIGN UP PACKET

Welcome to My Food Program!

Thank you for using My Food Program to manage the USDA Child and Adult Care Food Program and/or the Summer Food Service Program. To sign up for our software, please complete each of the steps below.

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NEED MORE
HELP?
JUST ASK!

There are three ways to sign up. Please choose the one that works best for you:

- Fill Out PDF Online
- Download PDF and Fill Out by Hand
- Printed Packet (via mail)

All of these methods will work, but keep in mind that the fastest way is filling out the PDF online.

If at any time you have questions, please don't hesitate to contact us. There are many ways to get in touch, including:

Email: info@myfoodprogram.com

Phone: 651-433-7345

Website: <https://www.myfoodprogram.com/contact-us/>

Web Chat: <https://www.myfoodprogram.com> and click on the green chat box in the lower right corner

Thank you again for choosing My Food Program.

Let's get started!

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Step 1: Send us information about your sponsorship and site(s) using the following pages.

REQUIRED* (THESE FIELDS ARE MARKED WITH AN ASTERISK)

- Name of your company
- Address, phone number and email address for primary contact person
- Site(s) that you sponsor and their type: child care, adult care, afterschool, emergency shelters, summer

RECOMMENDED

- Hours of operation and meal times for each site
- Daily attendance method (CACFP only): present or in/out times
- Meal count method (CACFP only): meal count by name or headcount
- Sponsor Admin preferred usernames and passwords

COMPREHENSIVE

- Meal validation (yes/no)
- Invoicing feature (yes/no)
- Require food temperatures before meal count entry (afterschool/summer only) (yes/no)
- Disallow meals that are outside of the safe temperature range (afterschool/summer only) (yes/no)
- Attendance kept within My Food Program or elsewhere
- Allow staff to add participants using the mobile app (yes/no)
- Check for licensed capacity? (yes/no)
- Disallow meals that are missing an infant menu? (yes/no)
- Disallow meals for participants with missing or expired enrollment forms? (yes/no)
- Licensing age ranges
- Site-Level preferred usernames and passwords

Please complete the information below for the SPONSOR.

Sponsor Address

Sponsor Name*: _____

Street*: _____

City*: _____ State*: _____ Zip*: _____

Email*: _____

If you have more than 5 admins or age ranges please attach additional details on a separate sheet.

Sponsor Admins (review the Permissions Matrix on page 4 to see which level is appropriate)

All passwords need to be 12-24 characters. No other requirements.

| Name | Username | Password | Email | Phone |
|------|----------|----------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Age Ranges (used in your state to determine licensed capacity)

| Group Name | Start Age | Time Period (weeks/months/years) | End Age | Time Period (weeks/months/years) |
|----------------------|-----------|----------------------------------|---------|----------------------------------|
| <i>i.e.: Infants</i> | 6 | <i>weeks</i> | 18 | <i>months</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Comprehensive Options

| Option | Yes | No |
|---|--------------------------|--------------------------|
| Meal Validation | <input type="checkbox"/> | <input type="checkbox"/> |
| Invoicing Feature | <input type="checkbox"/> | <input type="checkbox"/> |
| Require food temperatures before meal count entry (afterschool/summer only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Disallow meals that are outside of the safe temperature range (afterschool/summer only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance kept within My Food Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow staff to add participants using the mobile app | <input type="checkbox"/> | <input type="checkbox"/> |
| Check for licensed capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Disallow meals that are missing an infant menu? | <input type="checkbox"/> | <input type="checkbox"/> |
| Disallow meals for participants with missing or expired enrollment forms? | <input type="checkbox"/> | <input type="checkbox"/> |

Please complete the information below for your **SITE**.
You will need to make copies of these forms for each site.

Site Details

Legal Name*: _____

Address*: Same as Sponsor

Street*: _____

City*: _____ State*: _____ Zip*: _____

Email Address: _____

Site Type*: Child Care Adult Care Afterschool Emergency Shelter Summer

Status: Non-Profit For-Profit

Site Identification Number: _____

Site Policies

Daily Attendance: Present Time In/Out

Normal Hours:

| Day of the Week | Open Time | Close Time | Second Open Time | Second Close Time |
|-----------------|-----------|------------|------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CACFP Meals Served: Early Snack Breakfast AM Snack Lunch
 PM Snack Supper Evening Snack

Site Employees (review the Permissions Matrix on page 4 to see which level is appropriate)

All passwords need to be 12-24 characters. No other requirements.

| Name | Access Level (Site Manager/Director, Staff, Kitchen Staff) | Username | Password |
|------|---|----------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Step 2: Send Us Your Participants

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Step 2: Send us your list of participants (CACFP only) using the following pages.

You can send us your list in any way that is convenient for you: scan, email or fax. Below is the information about your participants that we need. Once we receive your list of participants, we will enter it for you.

REQUIRED* (THESE FIELDS ARE MARKED WITH AN ASTERISK)

- Name
- Date of Birth

RECOMMENDED

- Roster of Classroom

COMPREHENSIVE

- Parent/Guardian Name
- Address, phone, email
- Household income eligibility category and effective dates
- Enrollment form dates
- Typical schedule and meals eaten
- Racial identity and ethnicity

Please complete the information below for your **SITE**.
You will need to make copies of these forms for each site.



Participants & Rosters

You may also attach separate documentation.

| | | | | | | | | | | | | |
|-----------------------|--|----------------|--------|--|--------------------|--------------------|---------------------|-------------------|------------------------------|---|--|--|
| Full Name* | | Date of Birth* | Roster | Parent/ Guardian Name | | | | | Address, Phone, Email | | Household income eligibility category and effective dates | |
| Enrollment Form Dates | | Normal Hours | | Select Normal Days of Care / Meals* the Child Normally Receives while in Care each Day | | | | | Ethnic Identity (select one) | Racial Identity (select all that apply) | | |
| | | _____ to _____ | | Mon BAL PSE | Tues BAL PSE | Weds BAL PSE | Thurs BAL PSE | Fri BAL PSE | Sat BAL PSE | Sun BAL PSE | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| Full Name* | | Date of Birth* | Roster | Parent/ Guardian Name | | | | | Address, Phone, Email | | Household income eligibility category and effective dates | |
| Enrollment Form Dates | | Normal Hours | | Select Normal Days of Care / Meals* the Child Normally Receives while in Care each Day | | | | | Ethnic Identity (select one) | Racial Identity (select all that apply) | | |
| | | _____ to _____ | | Mon BAL PSE | Tues BAL PSE | Weds BAL PSE | Thurs BAL PSE | Fri BAL PSE | Sat BAL PSE | Sun BAL PSE | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| Full Name* | | Date of Birth* | Roster | Parent/ Guardian Name | | | | | Address, Phone, Email | | Household income eligibility category and effective dates | |
| Enrollment Form Dates | | Normal Hours | | Select Normal Days of Care / Meals* the Child Normally Receives while in Care each Day | | | | | Ethnic Identity (select one) | Racial Identity (select all that apply) | | |
| | | _____ to _____ | | Mon BAL PSE | Tues BAL PSE | Weds BAL PSE | Thurs BAL PSE | Fri BAL PSE | Sat BAL PSE | Sun BAL PSE | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

Step 3: Send Us Your Menus

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Step 3: Send us your menus (optional, strongly recommended) using the following pages.

Our registered dietitian will review your menus for compliance with the meal pattern requirements, configure your “favorite foods” list, add any of your menu items that are not currently in our database and enter your menus for the first month.

Note: This is not a required step.

You can choose to skip menu validation in My Food Program if you’d like.

Please complete the information below for your **SITE**.
You will need to make copies of these forms for each site.

Site Menus

Please fill out the following tables with your menus. You may also attach separate documentation.

BREAKFAST

Directions: Remember that meat/meat alternates can be served in place of grains for up to three times per week. Breakfast cereals and yogurt need to meet sugar limits. You must serve a whole grain-rich food once per day.

| Food Components | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------|--------|---------|-----------|----------|--------|
| Grain or Meat/Meat Alternate | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Grain or Meat/Meat Alternate | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Grain or Meat/Meat Alternate | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Grain or Meat/Meat Alternate | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |

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**Please complete the information below for your SITE.
You will need to make copies of these forms for each site.**

Site Menus

Please fill out the following tables with your menus. You may also attach separate documentation.

LUNCH/SUPPER

Directions: Remember that you need to serve a whole grain-rich food once per day.
Breakfast cereals and yogurt need to meet sugar limits.

| Food Components | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------------|--------|---------|-----------|----------|--------|
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable | | | | | |
| Fruit or Second Vegetable | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable | | | | | |
| Fruit or Second Vegetable | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable | | | | | |
| Fruit or Second Vegetable | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable | | | | | |
| Fruit or Second Vegetable | | | | | |
| Milk | | | | | |

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**Please complete the information below for your SITE.
You will need to make copies of these forms for each site.**

Site Menus

Please fill out the following tables with your menus. You may also attach separate documentation.

SNACK

Directions: Remember that you need to serve a whole grain-rich food once per day. Breakfast cereals and yogurt need to meet sugar limits.

| Food Components | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|--------|---------|-----------|----------|--------|
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |
| Meat/Meat Alternate | | | | | |
| Grains/Breads | | | | | |
| Vegetable/Fruit | | | | | |
| Milk | | | | | |

Please complete the information below for your SITE.
You will need to make copies of these forms for each site.

Favorite Foods

The “Favorite Foods List” is intended to contain only foods that your site serves repeatedly and makes building a menu much quicker and easier. Click the box the left of these foods to mark them as foods you commonly serve. This will make them quickly available later within the My Food Program software. The foods listed below are generic to get you started. Our database of foods is very large and you can customize your favorite foods at any time.

MEAT/MEAT ALTERNATE

- | | | |
|--|--|---|
| <input type="checkbox"/> Beans, baked | <input type="checkbox"/> Chicken | <input type="checkbox"/> String Cheese, 1 oz. stick |
| <input type="checkbox"/> Beans, black | <input type="checkbox"/> Chicken nuggets or tenders, CN | <input type="checkbox"/> Sunflower seed butter |
| <input type="checkbox"/> Beans, garbanzo or chickpeas | <input type="checkbox"/> Cottage cheese | <input type="checkbox"/> Tofu, 5g per 1/4 cup |
| <input type="checkbox"/> Beans, Great Northern, canned | <input type="checkbox"/> Eggs | <input type="checkbox"/> Tuna |
| <input type="checkbox"/> Beans, Kidney | <input type="checkbox"/> Fish | <input type="checkbox"/> Turkey |
| <input type="checkbox"/> Beans, Pinto | <input type="checkbox"/> Fish sticks, CN | <input type="checkbox"/> Yogurt; Specify Brands: |
| <input type="checkbox"/> Beans, Red | <input type="checkbox"/> Frankfurters, without byproducts, cereals, or extenders | _____ |
| <input type="checkbox"/> Beans, refried, canned | <input type="checkbox"/> Ham | |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Hummus, CN-labeled | |
| <input type="checkbox"/> Beef Pattie | <input type="checkbox"/> Peanut butter | |
| <input type="checkbox"/> Cheese, american, cheddar, mozzarella, or swiss | <input type="checkbox"/> Pork | |
| <input type="checkbox"/> Cheese, parmesan or romano | <input type="checkbox"/> Ricotta cheese | |

GRAINS

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal crackers | <input type="checkbox"/> Cornbread | <input type="checkbox"/> Pita bread |
| <input type="checkbox"/> Bagels | <input type="checkbox"/> Croissant | <input type="checkbox"/> Pizza crust |
| <input type="checkbox"/> Barley | <input type="checkbox"/> Croutons | <input type="checkbox"/> Pretzels |
| <input type="checkbox"/> Biscuits | <input type="checkbox"/> English muffins | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Bread | <input type="checkbox"/> French toast | <input type="checkbox"/> Rice cakes |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> French Toast Sticks | <input type="checkbox"/> Rolls |
| <input type="checkbox"/> Bread sticks | <input type="checkbox"/> Graham crackers | <input type="checkbox"/> Taco shells |
| <input type="checkbox"/> Breakfast Cereal; Specify Brands: | <input type="checkbox"/> Granola | <input type="checkbox"/> Toast |
| _____ | <input type="checkbox"/> Muffins | <input type="checkbox"/> Tortilla chips |
| <input type="checkbox"/> Buns (hamburger, hot dog) | <input type="checkbox"/> Oatmeal, cooked | <input type="checkbox"/> Tortillas |
| <input type="checkbox"/> Crackers; Specify Brands: | <input type="checkbox"/> Pancakes | <input type="checkbox"/> Waffles |
| _____ | <input type="checkbox"/> Pasta; Specify Types: | |
| | _____ | |

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**Please complete the information below for your SITE.
You will need to make copies of these forms for each site.**

FRUIT

- | | | |
|--|--|---|
| <input type="checkbox"/> Apple Juice, 100% | <input type="checkbox"/> Fruit cocktail, canned, drained | <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> Apples | <input type="checkbox"/> Grape Juice, 100% | <input type="checkbox"/> Raisins |
| <input type="checkbox"/> Applesauce | <input type="checkbox"/> Grapes | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Apricots | <input type="checkbox"/> Honeydew Melon | <input type="checkbox"/> Tropical Fruit |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Orange Juice, 100% | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Oranges | <input type="checkbox"/> White Grape Juice 100% |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Peaches | |
| <input type="checkbox"/> Cranberry Juice, 100% | <input type="checkbox"/> Pears | |

VEGETABLE

- | | | |
|--|---|--|
| <input type="checkbox"/> Beans, baked | <input type="checkbox"/> Celery | <input type="checkbox"/> Peas, green |
| <input type="checkbox"/> Beans, black | <input type="checkbox"/> Corn | <input type="checkbox"/> Peppers, Bell |
| <input type="checkbox"/> Beans, garbanzo or chickpeas | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Beans, Great Northern, canned | <input type="checkbox"/> French fries (must be fried off-site) | <input type="checkbox"/> Soup, tomato, condensed, prepared with water |
| <input type="checkbox"/> Beans, Kidney | <input type="checkbox"/> Green beans | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beans, Pinto | <input type="checkbox"/> Hashbrowns (must be fried off-site) | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Beans, Red | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Tater Tots |
| <input type="checkbox"/> Beans, refried, canned | <input type="checkbox"/> Mixed Vegetables | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Onions | <input type="checkbox"/> Tomato Juice, 100% |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Peas & Carrots | <input type="checkbox"/> Tomato sauce |
| <input type="checkbox"/> Carrots | | <input type="checkbox"/> Zucchini |
| <input type="checkbox"/> Cauliflower | | |

FLUID MILK

- 1% Milk for all participants
2 and older
- Skim milk for all participants
2 and older
- Whole milk for ages
12-23 months

INFANT CEREAL

- Infant Cereal, iron-fortified

**Our on-staff dietitian will enter your menus and your favorite foods.
We will be in touch with any questions or clarifications.**

Step 4: Provide Payment Information



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Step 4: Provide payment information on the following page.

Please complete the form on the following page to authorize recurring subscription fee of \$49 per site. You may provide credit card information or checking account information. There are no other charges. No initial set-up fees, no maintenance fees and no annual fees. You will be emailed an invoice for each payment.

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your credit card statement as an "WAV*GENIUS PROGRAMS." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize My Food Program to charge my credit card indicated below for \$49 per site plus any state and local taxes on the _____ of each month for payment of my My Food Program subscription.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

CREDIT CARD

Visa

MasterCard

Amex

Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ Zip Code _____ CCV _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify My Food Program in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Step 5: Schedule On-Boarding Session



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Step 5: Schedule an on-boarding session with our helpful, friendly customer service representatives.

My Food Program is a sophisticated and highly-customizable software. We want to make sure that your software is set up to match your operations and your state regulations. During this 30-minute web-based session, we will provide you with your username and password and give you a brief walk-through of how to use My Food Program.

Step 6: Need More Help? Just Ask!

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Step 6: Need more help? Just ask!

A good place to start with questions is our comprehensive training guides.

Go to www.myfoodprogram.com and click on "Training" and then your site type. You'll find videos and print materials that explain exactly how our system works.

If you're still in need of help, we're here! Please reach out to us by phone 651-433-7345, email info@myfoodprogram.com or a web chat at www.myfoodprogram.com.

The entire on-boarding process can happen as quickly or as slowly as you need. We have gotten through all these steps in the same day with customers and had them up-and-running in hours. Other customers take more time and that's fine by us. What we want is a successful experience for YOU!

JOIN THE CONVERSATION!

[@myfoodprogram](https://www.facebook.com/myfoodprogram)



[My Food Program](https://www.youtube.com/MyFoodProgram)