MY Food PROGRAM

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. To sign up for our software, please complete each of the steps below.

1	**2**	**3**	**4**	**5**	**6**
SPONSOR & SITE INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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

- Fill Out Online Form
- 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 online form. 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!

Step 1: Sponsor & Site Information

1	2	3	4	5	6
SPONSOR & SITE INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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

REQUIRED* (THESE FIELDS ARE MARKED WITH AN ASTERISK)
• All of the information on the next 12 pages is required. Please fill out each question.

Please complete the information below for the SPONSOR.

Sponsor Address

Sponsor Name*:_____

Street*:_____

City*:_____State*:_____Zip*:_____

Email*:_____

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Please complete the information below for the SPONSOR.

1 What is your sponsor policy about claiming meals and snacks that are not listed on a children's enrollment form?

Normal Days of Care / Meals* the Child Normally Receives while in Care each Day (Circle)

Sun	Mon	Tues	Weds	Thurs	Fri	Sat
B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E

☐ Meals/snacks that are not listed on an enrollment form need to be disallowed. I do not want my centers to be able to over-ride this disallow by selecting "Meal Outside of Schedule" and providing a reason for the variation.

☐ Meals/snacks that are not listed on an enrollment form need to be disallowed. However, if the center checks "Meal Outside of Schedule" and provides a reason for the variation, then the meals and snacks can be claimed.

☐ Meals/snacks do not have to be listed on an enrollment form in order to be claimed. I do not need special documentation of meals outside of the typical schedule (for example, lunch for a school-ager).

☐ Meals/snacks do not have to be listed on an enrollment form in order to be claimed. However, I do want the option for my centers to note when meals fall outside the ordinary schedule, such as a school-ager eating a lunch on a weekday.

2 Are you allowing your sponsored centers to create and edit Infant Meal Notifications? NOTE: you will need to specify whether it is the parent or the center that is providing formula and solid foods.
☐ Yes
☐ No

3 Are you allowing your sponsored centers to create and edit Infant Development Readiness Dates?
☐ Yes
☐ No

4 Are you allowing your sponsored centers to create and edit Special Diets?
☐ Yes
☐ No

5 Are you restricting your sponsored centers from adding participants?
☐ Yes
☐ No

6 Are you allowing your sponsored centers to Enter Expenses?
☐ Yes
☐ No

7 Do you want to show the description for Print View box?
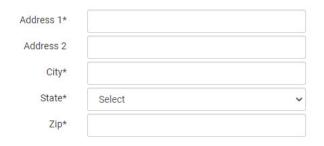☐ Yes
☐ No

8 Are you allowing your sponsored centers to create Summer/School Closures?

☐ Yes

☐ No

9 What is your sponsor policy about requiring full household contact information when enrolling a child?

Address 1*	
Address 2	
City*	
State*	Select
Zip*	

☐ I need all required enrollment information entered into My Food Program. This includes the child's first name, last name, date of birth, start date, race/ethnicity, typical hours and meals received, parent/guardian name and phone number and household address.

☐ I have another method to store required enrollment information. I just need my centers to enter first name, last name, date of birth and start date.

10 Are you intending to use Batch Claims? (This is where you send claims to your state agency more than once and you group them into "batches").

Claim Batches

Claim Date	Batch Name	Submit to State Date	Expected Payment Date
07/01/2020	2	08/14/2020	08/21/2020
07/01/2020	1	08/07/2020	08/14/2020
06/01/2020	2	07/17/2020	07/24/2020
06/01/2020	1	07/10/2020	07/17/2020

☐ Yes, I want to use Batch Claims.

☐ No, I do not need to group claims into batches.

11 We have two child status options that are required: Active and Inactive. We also have the option of displaying participant status: Pending or Incomplete. Which additional child status options are you displaying to your centers? REMEMBER: child status DOES NOT have an impact on claims. Child status ONLY determines if a child is listed on the screen for attendance and meal counts.

Status	Active ⌄
	Active
	Inactive

☐ Active, Inactive

☐ Active, Inactive, Pending

☐ Active, Inactive, Incomplete

☐ Active, Inactive, Pending, Incomplete

12 Are you requiring your centers to store an electronic signature that will be applied to attendance and meal count reports?

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Director	12/11/2020
Signature	Date

☐ Yes, my sites are required to have an electronic signature on file to be applied to attendance and meal count form.

☐ No, my sites are not required to have an electronic signature on file.

13 **Do you want only the enrollment form included in Participant Registration download?**
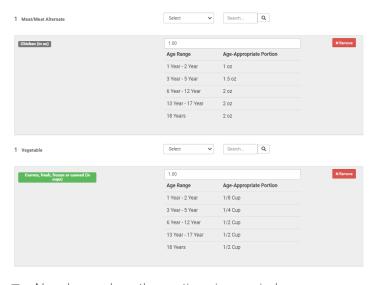
☐ Yes, only include the enrollment form.

☐ No, include both the enrollment and income forms.

14 **Do you want to hide the portion size reminders on the menu page?**

☐ Yes, please hide the portion size reminders for a simplied screen when entering menus.

☐ No, please show the portion size reminders.

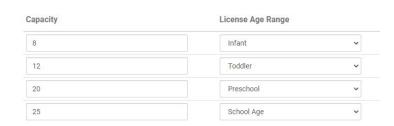**15** **Are you allowing your sponsored centers to edit and create rosters?**

☐ Yes

☐ No

16 **Which license capacity method are you using?**

☐ License Type: every site with a certain type of license has the same capacity.

☐ Age Range: every site has a different capacity even with the same license type.

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17
After a claim is created, we need to calculate your claiming percentage by listing the children and their Free/Reduced/Paid status for the month. Which children should be included on the list?

Total Participants	134	# A-Free	68	# B-Reduced	10	# C-Paid	56	F/R/P Ratio	58%

☐ Every child who attended the center at least once during the month. It doesn't matter if they ate a meal and it doesn't matter if they have a current enrollment form. Every child that attended the center should be on the Free/Reduced/Paid list.

☐ Every child who attended the center at least once during the month and has a current enrollment form. It doesn't matter if they didn't eat a meal during the month, only that they attended.

☐ Every child who attended the center and ate ate least one meal or snack during the month. They do not need a current enrollment form to be included in the count of Free/Reduced/Paid children for the month.

☐ Every child who attended the center and ate at least one meal or snack during the month. The child also need to have a valid enrollment form in order to be included on the Free/Reduced/Paid list for the month.

☐ Every child who has a valid enrollment form should be included on the list of Free/Reduced/Paid. It doesn't matter if the child didn't attend or eat a meal this month - we should just include all children with a valid enrollment form on the Free/Reduced/Paid list.

18
What is your Enrollment Form Effective Date Policy?

Parent Signature Date	
Sponsor Signature Date	10/15/2020

Fill in Effective and Expiration Dates Based on Signature Dates

Enrollment Form Effective Date	10/15/2020

☐ Sponsor Signature Date (exact date it was signed)

Parent Signature Date	
Sponsor Signature Date	10/15/2020

Fill in Effective and Expiration Dates Based on Signature Dates

Enrollment Form Effective Date	10/01/2020

☐ Sponsor Signature Date back-dated to the first day of the month in which it was signed.

Parent Signature Date	10/15/2020
Sponsor Signature Date	

Fill in Effective and Expiration Dates Based on Signature Dates

Enrollment Form Effective Date	10/15/2020

☐ Parent Signature Date (exact date it was signed)

Parent Signature Date	10/15/2020
Sponsor Signature Date	

Fill in Effective and Expiration Dates Based on Signature Dates

Enrollment Form Effective Date	10/01/2020

☐ Parent Signature Date back-dated to the first day of them month in which it was signed.

19 What is your Enrollment Form Expiration Date Policy?

| Enrollment Form Effective Date | 10/15/2020 |
| Enrollment Form Expiration Date | 10/15/2021 |

☐ Exactly one year from effective date.

| Enrollment Form Effective Date | 10/15/2020 |
| Enrollment Form Expiration Date | 10/14/2021 |

☐ One year minus one day from effective date.

| Enrollment Form Effective Date | 10/15/2020 |
| Enrollment Form Expiration Date | 10/31/2021 |

☐ End of the month one year from effective date.

| Enrollment Form Effective Date | 10/15/2020 |
| Enrollment Form Expiration Date | 9/30/2021 |

☐ End of the prior month one year from effective date.

☐ All my enrollment forms expire on the same date no matter when they were signed.

Enter date: _____

20 What is your income form effective date policy?

Parent Signature Date	1/20/2021
Sponsor Signature Date	2/5/2021
Fill in Effective and Expiration Dates Based on Signature Dates	

| First effective month | 1/1/2021 |

☐ The month it was signed by the parent, even if that is before the sponsor signed it.

Parent Signature Date	1/20/2021
Sponsor Signature Date	2/5/2021
Fill in Effective and Expiration Dates Based on Signature Dates	

| First effective month | 2/1/2021 |

☐ The month it was signed by the sponsor, even if the parent signed it in a prior month.

21 What is your income form expiration date policy?

First effective month — 2/1/2021
Last effective month — 1/31/2022

☐ 12 months

First effective month — 2/1/2021
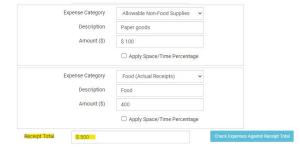Last effective month — 2/28/2022

☐ 13 months

☐ All my income forms expire on the same date no matter when they were signed.

Enter date: _____

22 When entering expenses into My Food Program, do you want to require your centers to enter a receipt total and make it balance across all the expense categories included on the receipt?

Expense Category — Allowable Non-Food Supplies
Description — Paper goods
Amount ($) — $ 100
☐ Apply Space/Time Percentage

Expense Category — Food (Actual Receipts)
Description — Food
Amount ($) — 400
☐ Apply Space/Time Percentage

Receipt Total — $ 500 — Check Expenses Against Receipt Total

☐ Yes, I require receipt totals.

☐ Users can enter expense totals without linking it to a specific receipt total.

23 What is your food shortage policy?

Food Shortage Policy
✓ Select...
Do not disallow for food shortages
Disallow for food shortages and allow editing of FPR in the past
Disallow for food shortages and do not allow editing of FPR in the past
Logo

☐ Do not disallow for food shortages

☐ Disallow for food shortages and allow editing of FPR in the past

☐ Disallow for food shortages and do not allow editing of FPR in the past

24 Do you want a default age for Infant Developmental Readiness for Solid Foods?

☐ 6 months

☐ 7 months

☐ 8 months

☐ 9 months

☐ 10 months

☐ 11 months

25 Which meal types should be available to be added to your centers. NOTE: each center is authorized only for specific meal types. This question is asking which meals should be available.

☐ Early Snack

☐ Breakfast

☐ AM Snack

☐ Lunch

☐ PM Snack

☐ Supper

☐ Evening Snack

26 Which categories should be available to be added to your centers. NOTE: each center is authorized only for specific expense categories. This question is asking which categories should be available.

Operating

☐ Allowable Non-Food Supplies

☐ Facilities and Space Costs - Operational

☐ Food (Actual Receipts)

☐ Food Costs (Contracted and Store Purchases)

☐ Food Service Equipment

☐ Food Service Salaries and Benefits

☐ Labor and Benefits

☐ Laundry and Cleaning

☐ Milk

☐ Operations Labor

☐ Other

☐ Training - Operational

☐ Vended Meals

Administrative

☐ Administrative Salaries and Benefits

☐ Facilities and Space Costs - Admin

☐ Non-Allowable Expenses Included on Receipt

☐ Other Administrative Expenses

☐ Overhead

☐ Training and Dues

☐ Travel/Meals/Entertainment

FDCH Schedule C

☐ Advertising

☐ Business Reports and Maintenance

☐ Car and Truck Expenses use Mileage Log

☐ Family Daycare Liability Insurance

☐ Food Purchases

☐ Household Supplies

☐ Legal and Professional Services

☐ Office Supplies/Postage/Bank Charges

☐ Other Schedule C

☐ Program Supplies

☐ Taxes and Licenses

☐ Toys and Equipment

☐ Travel Expenses

☐ Wages

FDCH Form 8829

☐ General Home repairs and Maintenance

☐ Homeowners Insurance

☐ Other House Expenses

☐ Real Estate Taxes

☐ Rent or Interest on Mortgage

☐ Utilities

FDCH Form 4562

☐ Equipment Purchases over $2,500

☐ Furniture or Appliance Purchases over $2,500

☐ Home Improvements over $2,500

27 Does your state require a milk audit each month?

☐ Yes
☐ No

28 Do you want your milk audit results displayed in cups or gallons?

☐ Cups
☐ Gallons

29 Where do you want to get the information about how much milk was used during the month?

✎ Food Production

0.5 Gallons Whole milk for 1 yr olds, unflavored (in gallons)
3.25 Gallons 1% milk for ages 2+, unflavored (in gallons)
7 lbs Ham, deli, without binder, fillers, extenders (in lbs)
3.25 lbs Cauliflower, fresh, florets, served raw (in lbs)
13.75 Cup Apples, fresh, raw (in cups)
110 slice Bread, WGR (in slices)

☐ From food production records.

Meal Component	Ages 1-2	Ages 3-5	Ages 6-12
LUNCH/SUPPER			
Fluid Milk[1]	4 fl oz (½ cup)	6 fl oz (¾ cup)	8 fl oz (1 cup)

☐ From meal attendance based on USDA portion sizes.

30 Do you want milk audit to be done by day or by month?

Date	Reason	Fluid Milk Type	Purchase	Usage	Skim Milk	1% Milk
12/01/2020	1% Milk $	1% Milk	50.00 Gallons			50.00 Gallons
12/01/2020	Breakfast	1% Milk		3.75 Gallons		46.25 Gallons
12/01/2020	Lunch	1% Milk		4.00 Gallons		42.25 Gallons
12/02/2020	Breakfast	1% Milk		4.75 Gallons		37.50 Gallons
12/02/2020	Lunch	1% Milk		5.00 Gallons		32.50 Gallons
12/03/2020	Breakfast	1% Milk		3.25 Gallons		29.25 Gallons
12/03/2020	Lunch	1% Milk		4.00 Gallons		25.25 Gallons
12/04/2020	Breakfast	1% Milk		3.25 Gallons		22.00 Gallons
12/04/2020	Lunch	1% Milk		4.00 Gallons		18.00 Gallons

☐ By day - I want to see the daily milk balance like a check register with each day listed.

Reason	Fluid Milk Type	Purchase	Usage
Opening Balance	1% Milk	50.00 Gallons	
Purchase ☑	1% Milk	100.00 Gallons	
Breakfast	1% Milk		73.75 Gallons
Lunch	1% Milk		78.75 Gallons
Ending Balance	1% Milk	-2.50 Gallons	

☐ By month - I only need to know whether enough milk was purchased for the month but I do not need a daily comparison of milk inventory.

☐ Either audit method is acceptable; my center can choose.

31

Do you need to disallow meals from the claim if a milk audit shows a negative balance at the end of the month?

Supper	DISALLOWED Disallowed by Sponsor - Milk Shortage	6

☐ Yes

☐ No

32

How should we calculate how many meals to disallow for a negative milk audit?

☐ Based on how much milk the center was short by. For example, if they were short by 1 cup, you should disallow 1 school age lunch.

☐ On a percentage basis. For example, if the center was 5% short on their milk purchases, you should disallow 5% of meals and snack that contain milk.

☐ Daily assessment of milk inventory (requires Milk Audit by Day to be selected).

33

What leeway percentage is allowed in your state for milk shortages? For example if they are short by less than 10% on milk, then no disallow is necessary. If your state does not have a leeway percentage, enter 0%.
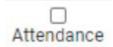
Enter percentage: _____

Please complete the information below for the SITES.

1 **Which daily attendance method are you using?**

☐ Present - I just need to know if a child was here on a day or not. I do not need specific arrival and departure times.

☐ In/Out Times - I need to have a record of specific arrival and departure times.

2 **Which meal count time frame are you using?**

☐ Point of Service - meal counts can only be entered during meal time.

☐ Day - meal counts need to be entered by the end of the day but do not necessarily need to be during the exact meal time.

3 **Can Site Managers/Directors go back in time and change attendance and meal count (up until the time the claim is submitted)?**

☐ Yes - Site Managers/Directors (but not classroom teachers) can go back in time and make corrections to attendance and meal counts.

☐ No - I want to restrict all staff, including the Site Managers/Directors to the meal count time frame (either point-of-service or day).

4 **Which meal count method are you going to use?**

☐ Roster - I need to know the name of each child participating in a meal or snack.

☐ Headcount - I do not need to know which children are participating in a meal or snack; I just need a headcount.

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5 What do you want the screen to look like when users enter attendance and meal counts?

☐ Daily Entry with Combined Screen for Attendance and Meal Counts (note: not available with in/out times).

☐ Daily Entry with Separate Screens for Attendance and Meal Counts.

☐ Weekly Entry from Paper by Classroom.

☐ Monthly Entry from Paper by Name.

6 Which infant menu method do you want to use?

☐ By Date - just one menu that covers all infants is sufficient.

☐ By Name - I need to know the specific food items and amounts offered to each infant.

7 Do you need to have menus or food production records entered prior to the entry of meal counts?

☐ No. Menus and food production records can be entered after meal counts.

☐ Yes, I need menus to be entered before a meal count can be taken.

☐ Yes, I need a finalized food production record to be completed before a meal count can be taken.

8 **Do you want all food items on your sponsor food list available to all centers?**

☐ Yes, any food item in the database that I have not specifically excluded is ok.

☐ No, I need to control which food items are available to each center (this is called enhanced sponsor control of available food items)

9 **Are you going to enter menus into My Food Program?**

☐ Yes.

☐ No – I want to ignore menu validation.

10 **Do you want meal orders to be an option for the mobile app?**

Age Range	Quantity of meals
1 Year - 2 Year	
3 Year - 5 Year	
6 Year - 12 Year	
13 Year - 17 Year	
18 Years	

☐ Yes. I provide meals to my centers so I need to know how many meals and snacks they need.

☐ No, I provide only funding to my centers; I do not provide food.

11 **Do you want centers to be able to see their claim errors before they send their claim to you? (Note that they may or may not be able to take action based on the claim errors identified. In most cases, it is informational only - a "claim preview").**

Meal Errors

Error Description

Meal claimed for participant who is a non-CACFP participant

Meals claimed for children who are not enrolled in the program

Meal served to participant outside of participant normal schedule

☐ Yes, I want to display the Check for Errors button so that my centers can see what claim errors they are going to have before they submit.

☐ No, I want to hide the Check for Errors button. I do not want my center to see a list of claim errors before they submit their claim.

12 **Do you want to hide the Submit to Sponsor button until a complete calendar month is over? (for example, October claims cannot be submitted until November 1)**

☐ Yes, please hide the button until the complete calendar month is over.

☐ No, I want the centers to have the option to submit their claim for the current month.

13 **Do you want to allow staff to add participants using the mobile app? NOTE: this option is only available if you are not requiring full household contact, racial & ethnicity and schedule information.**

☐ Yes, staff can add participants using the mobile app.

☐ No, I am requiring full information about household contacts, race/ethnicity and typical days and meals in care when adding a participant.

☐ No, I do not want staff adding participants on the mobile app.

14 **Do you want My Food Program to check meal participation counts against the facility's licensed capacity?**

☐ Yes. Please turn on licensing age range errors.

☐ No. You can ignore the licensed capacity checks.

15 **What should we do if a participant has an expired or missing enrollment form?**

☐ Meals are still eligible for the claim.

☐ All meals should be disallowed for children with expired or missing enrollment forms.

16 **What should we do if an infant menu is missing?**

☐ Infant meals without menus are still eligible for the claim; I have an alternate way of tracking infant menus.

☐ Meals/snacks served to infants 0-5 months are still eligible for claim, but meals served to infants that are 6-11 months old should be disallowed.

☐ Infant meals without menus should be disallowed.

17 **What should we do if the center does not have a form on-file from the parents that indicates if they are providing formula and food or if they are accepting the formula and food offered by the center?**

All children enrolled in this center, including infants, are eligible for meals. To fully meet federal requirements, this center is required to offer formula and infant foods. Parent/guardians may decline the formula or food offered and provide one food component themselves and the center will still receive reimbursement. If the parent/guardian provides more than one food component, then the meal is not eligible for reimbursement. Please indicate below what your preferences are related to formula and food for the child listed above:

Preference #1 (select one):

☐ I will accept the formula offered by my center.

Type of formula: _____

☐ I will decline the formula offered by my center and provide iron-fortified infant formula that is not on the FDA exempt list (unless there is a special dietary need).

Type of formula: _____

☐ I will provide breastmilk for my infant

Preference #2 (select one):

☐ I will accept the solid foods offered by my center.

☐ I will decline the solid foods offered by my center.

Parent/Guardian Signature _____ Date _____

☐ Meals/snacks served to infants that do not have an infant meal notification on file are still eligible for the claim.

☐ Meals/snacks served to infants without an infant meal notification on file should be disallowed.

18 **What should we do if a facility license is missing or expired?**

☐ Disallow meals.

☐ Do not disallow meals.

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SEND US INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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
- Houshold 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.**

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Participants & Rosters

You may also attach separate documentation.

Full Name* | Date of Birth* | Roster Parent/ Guardian Name | Address, Phone, Email | Ethnic Identity (select one) ❑ Hispanic or Latino ❑ Not Hispanic or Latino | Racial Identity (select all that apply) ❑ Asian ❑ White ❑ Black or African American ❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander | Household income eligibility category and effective dates

Enrollment Form Dates | Normal Hours _____ to _____ | Circle Normal Days of Care / Meals* the Child Normally Receives while in Care each Day

Mon	**Tues**	**Weds**	**Thurs**	**Fri**	**Sat**	**Sun**
B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E

Full Name* | Date of Birth* | Roster Parent/ Guardian Name | Address, Phone, Email | Ethnic Identity (select one) ❑ Hispanic or Latino ❑ Not Hispanic or Latino | Racial Identity (select all that apply) ❑ Asian ❑ White ❑ Black or African American ❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander | Household income eligibility category and effective dates

Enrollment Form Dates | Normal Hours _____ to _____ | Circle Normal Days of Care / Meals* the Child Normally Receives while in Care each Day

Mon	**Tues**	**Weds**	**Thurs**	**Fri**	**Sat**	**Sun**
B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E

Full Name* | Date of Birth* | Roster Parent/ Guardian Name | Address, Phone, Email | Ethnic Identity (select one) ❑ Hispanic or Latino ❑ Not Hispanic or Latino | Racial Identity (select all that apply) ❑ Asian ❑ White ❑ Black or African American ❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander | Household income eligibility category and effective dates

Enrollment Form Dates | Normal Hours _____ to _____ | Circle Normal Days of Care / Meals* the Child Normally Receives while in Care each Day

Mon	**Tues**	**Weds**	**Thurs**	**Fri**	**Sat**	**Sun**
B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E	B A L P S E

Step 3: Send Us Your Menus

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SEND US INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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					
Grain or Meat/Meat Alternate Vegetable/Fruit Milk					

MY
Foo PROGRAM

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					
Meat/Meat Alternate					
Grains/Breads					
Vegetable					
Fruit or Second Vegetable					
Milk					

MY
Food PROGRAM

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					
Meat/Meat Alternate Grains/Breads Vegetable/Fruit Milk					

MY FooD PROGRAM

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

- ❑ Beans, baked
- ❑ Beans, black
- ❑ Beans, garbanzo or chickpeas
- ❑ Beans, Great Northern, canned
- ❑ Beans, Kidney
- ❑ Beans, Pinto
- ❑ Beans, Red
- ❑ Beans, refried, canned
- ❑ Beef
- ❑ Beef Pattie
- ❑ Cheese,american, cheddar,mozzarella, or swiss
- ❑ Cheese, parmesan or romano

- ❑ Chicken
- ❑ Chicken nuggets or tenders, CN
- ❑ Cottage cheese
- ❑ Eggs
- ❑ Fish
- ❑ Fish sticks, CN
- ❑ Frankfurters,without byproducts, cereals, or extenders
- ❑ Ham
- ❑ Hummus, CN-labeled
- ❑ Peanut butter
- ❑ Pork
- ❑ Ricotta cheese

- ❑ String Cheese, 1 oz. stick
- ❑ Sunflower seed butter
- ❑ Tofu, 5g per 1/4 cup
- ❑ Tuna
- ❑ Turkey
- ❑ Yogurt; Specify Brands:

_____

GRAINS

- ❑ Animal crackers
- ❑ Bagels
- ❑ Barley
- ❑ Biscuits
- ❑ Bread
- ❑ Breading
- ❑ Bread sticks
- ❑ Breakfast Cereal; Specify Brands:

_____

- ❑ Buns (hamburger, hot dog)
- ❑ Crackers; Specify Brands:

_____

- ❑ Cornbread
- ❑ Croissant
- ❑ Croutons
- ❑ English muffins
- ❑ French toast
- ❑ French Toast Sticks
- ❑ Graham crackers
- ❑ Granola
- ❑ Muffins
- ❑ Oatmeal, cooked
- ❑ Pancakes
- ❑ Pasta; Specify Types:

_____

- ❑ Pita bread
- ❑ Pizza crust
- ❑ Pretzels
- ❑ Rice
- ❑ Rice cakes
- ❑ Rolls
- ❑ Taco shells
- ❑ Toast
- ❑ Tortilla chips
- ❑ Tortillas
- ❑ Waffles

MY
FOOD PROGRAM

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

FRUIT

- ❑ Apple Juice, 100%
- ❑ Apples
- ❑ Applesauce
- ❑ Apricots
- ❑ Bananas
- ❑ Blueberries
- ❑ Cantaloupe
- ❑ Cranberry Juice, 100%

- ❑ Fruit cocktail, canned, drained
- ❑ Grape Juice, 100%
- ❑ Grapes
- ❑ Honeydew Melon
- ❑ Orange Juice, 100%
- ❑ Oranges
- ❑ Peaches
- ❑ Pears

- ❑ Pineapple
- ❑ Raisins
- ❑ Strawberries
- ❑ Tropical Fruit
- ❑ Watermelon
- ❑ White Grape Juice 100%

VEGETABLE

- ❑ Beans, baked
- ❑ Beans, black
- ❑ Beans, garbanzo or chickpeas
- ❑ Beans, Great Northern, canned
- ❑ Beans, Kidney
- ❑ Beans, Pinto
- ❑ Beans, Red
- ❑ Beans, refried, canned
- ❑ Broccoli
- ❑ Cabbage
- ❑ Carrots
- ❑ Cauliflower

- ❑ Celery
- ❑ Corn
- ❑ Cucumbers
- ❑ French fries
  (must be fried off-site)
- ❑ Green beans
- ❑ Hashbrowns
  (must be fried off-site)
- ❑ Lettuce
- ❑ Mixed Vegetables
- ❑ Onions
- ❑ Peas & Carrots

- ❑ Peas, green
- ❑ Peppers, Bell
- ❑ Potatoes
- ❑ Soup, tomato, condensed,
  prepared with water
- ❑ Spinach
- ❑ Squash
- ❑ Tater Tots
- ❑ Tomatoes
- ❑ Tomato Juice, 100%
- ❑ Tomato sauce
- ❑ Zucchini

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

My Food PROGRAM

1 SEND US INFORMATION	**2** SEND US YOUR PARTICIPANTS	**3** SEND US YOUR MENUS	**4** PROVIDE PAYMENT INFORMATION	**5** SCHEDULE ON-BOARDING SESSION	**6** NEED MORE HELP? JUST ASK!

Step 4: Provide payment information on the following page.

Please complete the form on the following page to authorize recurring subscription fee of $51 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.

MY
FOOD PROGRAM

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 $51 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

1	2	3	4	5	6
SEND US INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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!

1	2	3	4	5	6
SEND US INFORMATION	SEND US YOUR PARTICIPANTS	SEND US YOUR MENUS	PROVIDE PAYMENT INFORMATION	SCHEDULE ON-BOARDING SESSION	NEED MORE HELP? JUST ASK!

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   **My Food Program**