



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

SPONSOR & SITE
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!

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



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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)

- 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*: _____

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 child'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 providers 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 provider 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 providers 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 providers 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 providers to create and edit Infant Development Readiness Dates?

- ☐ Yes
☐ No

4

Are you allowing your providers to create and edit Special Diets?

- ☐ Yes
☐ No

5

Are you restricting your providers from adding children?

- ☐ Yes
☐ No

6

Do you want to show the description for Print View box?

- ☐ Yes
☐ No

7

Are you allowing your providers to create Summer/School Closures?

- ☐ Yes
- ☐ No

8

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

Address 1*

Address 2

City*

State*

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 providers to enter first name, last name, date of birth and start date.

9

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.

10

We have two child status options that are required: Active and Inactive. We also have the option of displaying child status: Pending or Incomplete. Which additional child status options are you displaying to your providers? **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


Inactive

- ☐ Active, Inactive
- ☐ Active, Inactive, Pending
- ☐ Active, Inactive, Incomplete
- ☐ Active, Inactive, Pending, Incomplete

11

Are you requiring your providers 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.

 12/11/2020

Signature Date

- ☐ Yes, my providers are required to have an electronic signature on file to be applied to attendance and meal count form.
- ☐ No, my providers are not required to have an electronic signature on file.

12

Do you want only the enrollment form included in Child Registration download?

- ☐ Yes, only include the enrollment form.
- ☐ No, include both the enrollment and income forms.

13

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

1 Fluid Milk Select

Whole Milk (1 yr) 1% Milk (2 years), unflavored (in cups) Show portion sizes

1 Meat/Meat Alternate Select

Chicken (in oz) Show portion sizes

1 Vegetable Select

Carrots, fresh, frozen or canned (in cups) Show portion sizes

1 Fruit and/or Vegetable Select

Fruit Cocktail, canned (in cups) Show portion sizes

1 Grains Select

Rice, brown, WGR (in cups) Show portion sizes

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

1 Meat/Meat Alternate Select

Chicken (in oz) 1.00

Age Range	Age-Appropriate Portion
1 Year - 2 Year	1 oz
3 Year - 5 Year	1.5 oz
6 Year - 12 Year	2 oz
13 Year - 17 Year	2 oz
18 Years	2 oz

1 Vegetable Select

Carrots, fresh, frozen or canned (in cups) 1.00

Age Range	Age-Appropriate Portion
1 Year - 2 Year	1/8 Cup
3 Year - 5 Year	1/4 Cup
6 Year - 12 Year	1/2 Cup
13 Year - 17 Year	1/2 Cup
18 Years	1/2 Cup

- ☐ No, please show the portion size reminders.

14

Are you allowing your providers to edit and create rosters?

- ☐ Yes
- ☐ No

15

Which license capacity method are you using?

Infant Toddler License No Helper

Infant Toddler License With Helper

Large Child Care Home

Regular Family Child Care Home License

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

Capacity	License Age Range
8	Infant <input type="button" value="v"/>
12	Toddler <input type="button" value="v"/>
20	Preschool <input type="button" value="v"/>
25	School Age <input type="button" value="v"/>

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

16

After a claim is created, we need to calculate your claiming percentage by listing the children and their Tier 1/Tier 2 status for the month. Which children should be included on the list?

Total Participants	21	# Tier I	21	# Tier II	0
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- ☐ Every child who attended the family child care home 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 family child care home should be on the Tier 1/Tier 2 list.
- ☐ Every child who attended the family child care home 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 family child care home and ate at least one meal or snack during the month. They do not need a current enrollment form to be included in the count of Tier 1/Tier 2 participants for the month.
- ☐ Every child who attended the family child care home 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 Tier 1/Tier 2 list for the month.
- ☐ Every child who has a valid enrollment form should be included on the list of Tier 1/Tier 2. 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 Tier 1/Tier 2 list.

17

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.

18

What is your Enrollment Form Expiration Date Policy?

Enrollment Form Effective Date

Enrollment Form Expiration Date

- ☐ Exactly one year from effective date.

Enrollment Form Effective Date

Enrollment Form Expiration Date

- ☐ One year minus one day from effective date.

Enrollment Form Effective Date

Enrollment Form Expiration Date

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

Enrollment Form Effective Date

Enrollment Form Expiration Date

- ☐ 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: _____

19

What is your income form effective date policy?

Parent Signature Date

Sponsor Signature Date

Fill in Effective and Expiration Dates Based on Signature Dates

First effective month

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

Parent Signature Date

Sponsor Signature Date

Fill in Effective and Expiration Dates Based on Signature Dates

First effective month

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

20

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

At which age should we default infants to be marked as developmentally ready for solid foods? NOTE: you can change the developmental readiness dates for any infant. You can also allow providers to change those dates if you choose.

☐ 6 months

☐ 7 months

☐ 8 months

☐ 9 months

☐ 10 months

☐ 11 months

23

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

☐ Early Snack

☐ Breakfast

☐ AM Snack

☐ Lunch

☐ PM Snack

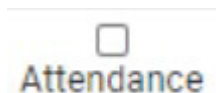
☐ Supper

☐ Evening Snack

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 providers go back in time and change attendance and meal count (up until the time the claim is submitted)?

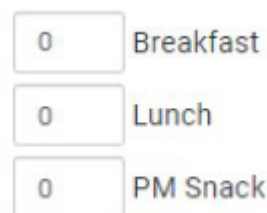
- ☐ Yes - providers (but not helpers) can go back in time and make corrections to attendance and meal counts.
- ☐ No - I want to restrict providers to the meal count time frame (either point-of-service or day).

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.

5

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

☐ Daily Attendance ☐ Ate

☐ Daily Attendance ☐ Ate

☐ Daily Attendance ☐ Ate

☐ Daily Attendance ☐ Ate

☐ Daily Attendance ☐ Ate

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

ID	Name	Present
2	Craig Bennett	<input checked="" type="checkbox"/>
11	Lucy Bennett	<input type="checkbox"/>
3	Timothy Cox	<input type="checkbox"/>
14	Suzy Cramer	<input checked="" type="checkbox"/>
8	Jane Doe	<input type="checkbox"/>
19	John Doe	<input type="checkbox"/>
17	Sally Example	<input checked="" type="checkbox"/>

ID	Name	Ate
2	Craig Bennett	<input checked="" type="checkbox"/>
14	Suzy Cramer	<input checked="" type="checkbox"/>
17	Sally Example	<input checked="" type="checkbox"/>

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

	Monday 4	Tuesday 5	Wednesday 6	Thursday 7	Friday 8
Craig Bennett	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>
Suzy Cramer	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>	Attendance <input checked="" type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/>

- ☐ Weekly Entry from Paper by Classroom.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Attendance	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Snack	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Monthly Entry from Paper by Name.

6

Which infant menu method do you want to use?

Category	Favorite Foods	Search Food
1 Fluid Milk	Select	Search... Q
0 - 1 Fruit and/or Vegetable	Select	Search... Q
0 - 1 Infant Cereal and/or Meat/Meat Alternate	Select	Search... Q

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

Infant Meal Menu

Date: 02/18/2020

Meal: Breakfast

Name	ID	Age	Food	Amount	Unit	Food	Amount	Unit	Food	Amount	Unit
Susie Doe	2	11m	Breast Milk/Iron-Forti	6	oz	Banana, Carrot & Man	2	Tbsp	Beans, refried (in cup)	4	Tbsp

- ☐ 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 providers?

- ☐ 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 provider (this is called enhanced sponsor control of available food items)

9

Are you going to require providers to enter menus if they are doing their claims online?

- ☐ Yes.
- ☐ No – I want to ignore menu validation.

11

Do you want providers 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 providers 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 providers 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 providers to have the option to submit their claim for the current month.

13

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

- ☐ Yes, providers can add children 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 child.
- ☐ No, I do not want providers adding children on the mobile app.

14

Do you want My Food Program to check meal participation counts against the provider'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 child 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 provider 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 provider?

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.

Step 2: Send Us Your Participants

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INFORMATION

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PARTICIPANTS

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YOUR MENUS

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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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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	Circle 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 _____	<div>Mon</div> <div>BAL</div> <div>PSE</div>	<div>Tues</div> <div>BAL</div> <div>PSE</div>	<div>Weds</div> <div>BAL</div> <div>PSE</div>	<div>Thurs</div> <div>BAL</div> <div>PSE</div>	<div>Fri</div> <div>BAL</div> <div>PSE</div>	<div>Sat</div> <div>BAL</div> <div>PSE</div>	<div>Sun</div> <div>BAL</div> <div>PSE</div>	<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					

Step 3: Send Us Your Menus



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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					

continued on next page »

**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					

continued on next page »

**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: | |
| | _____ | |

continued on next page »

**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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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.

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



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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!



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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](#)