PURPOSE
Contracting organizations (sponsors) and family day care home providers (providers) use Form 1537 to
• gather information necessary for sponsors to apply for participation in the CACFP on behalf of day homes,
• specify the provider’s choice relating to tiering determinations and reimbursement methods, and
• report changes in conditions of participation.

PROCEDURE
When to Prepare
Prepare Form 1537 when a provider first applies to participate under the sponsorship of a contractor, when a change in conditions of participation takes place, and at the beginning of each contract period in which the provider will participate in the CACFP.

Number of Copies
Complete an original and three copies.

Transmittal
Send the original and one copy to your Area Program Office, leave one copy with the provider, and keep one copy for your records. The original will be returned to the sponsor upon approval.

How to Obtain Copies
Request copies of Form 1537 from the Area Program Office or copy as needed.

Form Retention
Keep Form 1537 for three years and 90 days from the end of the contract period. (Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, you must retain all forms and records until all the issues are resolved.) You may require providers to keep Form 1537 for a like period.

DETAILED INSTRUCTIONS
Amended Form 1537 — Place an "X" in the box if the Form 1537 being submitted amends an approved Form 1537 submitted on behalf of the same provider.

Name of Day Care Home Provider — Enter the name of the provider exactly as it appears on the provider's license/registration.

Telephone Number — Enter the area code and telephone number of the provider.

Address of Provider — Enter the address of the provider exactly as it appears on the provider's license/registration.

If a P. O. Box is entered, include directions showing the specific location of the provider's home with the application.

Name of Sponsor — Enter the sponsor’s name as it appears on the sponsor’s Application and Management Plan (Form 1536-A or 1536-D).

Program Number — Enter the sponsor's program (TX) number.

Licensed/Registered, or Approved by TDFPS — For providers licensed or registered by the Texas Department of Family and Protective Services (TDFPS), mark the box and enter the license or registration number in the space provided and attach a copy of the provider's license or registration.

Other — For providers not licensed or registered by TDFPS, identify the approval authority and attach documentation of approval.

Days of Week — Self-explanatory.

Time Meal Service to Begin — For meals which will be claimed, enter the time the meal service (by meal type) will begin. Do not enter meal service times for meals the provider will serve, but will not claim. When a home is claiming a meal in a second shift, enter the beginning time of both shifts.

Method by Which Meals are Provided —

• Prepared at the day care home — If meals are prepared in the provider's home, mark the box.

• Other — If meals will not be prepared in the provider's home, describe how meals will be provided and attach copies of subcontracts, if applicable.

ENROLLMENT INFORMATION

Date of Preapproval Visit — Enter the date on which the sponsor conducted a preapproval visit in the provider's home.

Enrolled Nonresident Children — Enter the number of children eligible to participate in the CACFP, at the time of application, who
• are enrolled for child care, and
• do not live at the provider's home.

**Meal Counts and Menu Records** — Enter the date each month by which the provider will make meal counts and menu records available to the sponsor.

**Provider's Choice for Distributing Income Applications and Receiving Reimbursement** — Place an "X" in the box indicating the provider's choice for distributing income applications and receiving reimbursement.

**Fraud Conviction** — The provider must check yes or no. If a provider has checked yes, enter the date the sentence expired and attach documentation of expiration.

**CERTIFICATIONS**

**Signature, Day Care Provider** — The provider must sign this form at the time of initial application and when a change is made relating to

• provider's choice for distributing income applications and receiving reimbursement, or
• fraud conviction.

For providers approved by an alternate approval authority, the person legally responsible for the day care home must sign the approval.

**Date** — The provider will enter the date they sign the form.

**Signature, Sponsor Representative** — A person authorized to act on the behalf of the sponsor must sign the form at the time of initial application and when any change is made.

**Date** — The person signing the form for the sponsor will enter the date they sign the form.