AGREEMENT BETWEEN SPONSOR AND DAY CARE HOME PROVIDER

06-2004

PURPOSE

To document the agreement under which the contracting organization (sponsor) sponsors the participation of a day care home provider (provider) in the Child and Adult Care Food Program.

PROCEDURE

When to Prepare

Sponsors and providers complete Form 1542 prior to submitting an application for participation in the program to the Texas Health and Human Services Commission (HHSC) by the sponsor on behalf of the provider.

Number of Copies

Complete an original and three copies.

Transmittal

Send the original and one copy to your Area Program Office (attached to the Form 1537 submitted on behalf of the provider), 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 1542 from the Area Program Office or copy as needed.

Form Retention

Keep Form 1542 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 issues are resolved.) You may require providers to keep Form 1542 for a like period.

DETAILED INSTRUCTIONS

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

Name of Sponsor — Enter the sponsor’s name as it appears on the contractor’s Application and Management Plan (Form 1536-A or 1536-D).
**Program No.** — Enter the sponsor's program (TX) number.

**Address of Day Care Home** — Enter the address of the provider exactly as it appears on the provider's license/registration.

**Mailing Address of Provider, if different from Day Care Home** — Enter the mailing address of the provider, including street, P. O. Box, city, state, and ZIP code.

**Date of Birth** — Enter the provider's date of birth.

**Normal Hours of Child Care Operations** — Enter the normal hours that the provider does child care.

**Effective Dates From – Through** — Enter the beginning effective date of the agreement. The ending effective date is pre-entered.

**Signature, Day Care Home Provider** — The person to whom a license or registration is issued by the Texas Department of Family and Protective Services must sign this form. For providers approved by an alternative approval authority, the person legally responsible for the day care home must sign the agreement.

**Date** — The provider will enter the date it signs the form.

**Signature – Sponsor Representative** — A person authorized to act on the behalf of the sponsor must sign the form.

**Date** — The person signing the form for the sponsor will enter the date the form is signed.

**For Texas Health and Human Services Commission Use Only** — A representative of HHSC will sign and date the document to approve the participation of the provider in the CACFP under the sponsorship of the contracting organization.