

## CACFP-Application-Reimbursement-Electronic-System



# CARES Application Module Step by Step Guide

This Guide is a Step by Step guide to assist a user to submit a CARES application. It is to be used in conjunction with the CARES Application Manual.

Institutions are required to submit a application to CACFP to participate in the Food Program for each agreement fiscal year. Agreement Fiscal year is October 1 – September 30 of the application year.

## CARES 10 Step by Step Application Process

1. Login to CARES – **Refer to Chapter 2**
2. Review/Update Business Institution Page – **Refer to Chapter 3 Update SAMS**
3. Review/Update Facility Maintenance – **Refer to Chapter 4 – Update License Expiration Date Yearly**
4. Create New Application for Agreement Year – **Refer to Chapter 5**
5. Application On-Line Documents – **Refer to Chapter 6**
6. Review/Update Institution Document Upload – **Refer to Chapter 7**
7. Document Upload – **Refer to Chapter 7**
8. Independent Center Paper Only Documents (Submitted by Hard Copy) **Refer to Chapter 8**
9. Training Status – **Refer Chapter 9**
10. Submit Application – **Refer Chapter 10**

# 1. Login to CARES

For Login's please refer to Chapter 2

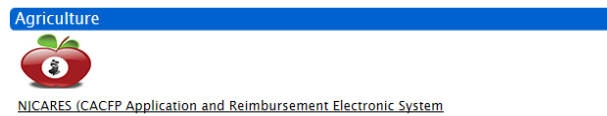
Log On to CARES at [NJ.Gov](http://NJ.Gov)



Select – Login

Use your NJ.Gov/CARES login

Select NJCARES Hyperlink to access CARES



Once in CARES the user should select the Institution to bring the user to the Business Institution Page.

Alerts for user

Select	Alert_Status	Alert_Reason	Open_Date	View_Date	Closed_Date
Select	In Process	Adjusted Claim Submitted	01/28/2016	02/02/2016	
Select	New	Adjusted Claim Submitted	01/28/2016		
Select	New	Mass Alert	11/11/2015		
Select	New	Mass Alert	02/04/2015		
Select	New	Mass Alert	02/04/2015		

Businesses Associated with

Select	Agreement #	Federal ID	Name	Phone
Select	11-1319	221000700	APPLE CORE DAY CARE CENTER	609-984-1250

For Additional Information:  
Child and Adult Care Food Program  
Division of Food and Nutrition  
Department of Agriculture  
PO Box 334  
Trenton, NJ 08625-0334

## 2. Review/Update Business Institution Page

Every year the Institution should Review and Update any changes to their Institution Page.

Institutions will need to make sure their **SAMS Expire Date is current.**

Institution Business Maintenance	
Business Information	
Institution Name APPLE CORE	DUNS #: 333333333
Tax Exempt Status Non Profit Center Sponsor	SAMS Expire Date: 01/01/2020
New Jersey Vendor ID: V52555121230	Federal ID 222222222
Status ACTIVE	Congressional District: 0
	Institution Fiscal Year End Day: 30   September

## 3. Review/Update Facility Maintenance

Every year the Institution should Review and Update any changes to each of their Facilities associated with CACFP.

Institutions will need to make sure they **update License Expiration** for each Facility

**NOTE:** *If License is expired, Institution will not be able to receive reimbursement for that facility until new current expiration date is entered and License is uploaded to CARES.*

Facility Maintenance	
Previous Page	Save Current Form
Sponsor Name APPLE CORE	Agreement Number 29-1408
Operating Name NJDA C.A.R.E.S	
License / Registration Number:	
License Expiration Date: 12/03/2018	
Facility Type: Childcare Center	
Tax Exempt Status: Proprietary (For-Profit)	
License Type: -	
Facility Characteristics: (select all that apply)	
<input type="checkbox"/> Head Start <input type="checkbox"/> Military <input type="checkbox"/> Infant <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> Outside School Hours Care	

## 4. Creating a New Application in CARES for a new Agreement year

User will select Applications from the **Institution Business Maintenance** screen to access the Applications checklist.



User will need to add a new application for the FY agreement year to the Agreement Grid to start new Application.

**Existing Applications for:**  
 11-1319 - APPLE CORE DAY CARE CENTER  
 33 WEST STATE STREET  
 TRENTON, NJ 08625 - 0000

Select		Fiscal Year	Start Date	End Date	Status
Select	Delete	2016	10/01/2015	09/30/2016	Pending Submission
Select	Delete	2017	10/01/2016	09/30/2017	Restored

1  
*(Applications Cannot be deleted if claims exist for the application year.)*

Complete the information below to add a new application or renewal application:

Fiscal Year

Fiscal Start

Fiscal End

- ❖ User will need to enter agreement Fiscal Year
- ❖ Fiscal Start Date is always 10/01/FY
- ❖ Fiscal End Date is always 09/30/FY
- ❖ User should select Add New/Renewal Application Button

The new application will now display on the Application Grid, user can now choose select for that Agreement Year, to start the renewal process.

**Existing Applications for:**  
 21-1408 - APPLE CORE DAY CARE CENTER  
 P.O. BOX 334  
 TRENTON, NJ 08625 - 0335

Select		Fiscal Year	Start Date	End Date	Status
Select	Delete	2017	10/01/2016	09/30/2017	Approved
Select	Delete	2018	10/30/2017	09/30/2018	Pending Submission

1  
*(Applications Cannot be deleted if claims exist for the application year.)*

## 5. On-Line Documents for Sponsor of Centers/Independent Facility

There are 8 sections to On-Line Documents

1. Institution Management Plan – Sponsor Management Plan
2. Responsible Parties/Principals
3. Application Questionnaire
4. Institution Administrative Budget
5. Pre-Award Civil Rights Questionnaire
6. News Release
7. Permanent Agreement
8. Application for Center Facility Participation

The user will be required to complete and submit each section of the on-line documents, if not the user will not be able to submit a completed application.

Institution Checklist - Sponsor of Center Facilities				
***For Profit Sponsor can only sponsor Affiliated Centers***				
21-1408 - APPLE CORE DAY CARE CENTER				
Contract Period	10/30/2017	9/30/2018	Update	
Item Description	Started	Completed by Entity	Approved By NPS	Additional Info Requested
<b>On-Line Documents</b>				
1. <a href="#">Institution Management Plan</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
2. <a href="#">Responsible Parties/Principals</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
3. <a href="#">Application Questionnaire - (Program Integrity)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
4. <a href="#">Institution Administrative Budget (Please complete a facility maintenance form for each sponsored facility before completing this form.)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
5. <a href="#">Pre-Award Civil Rights Questionnaire (New Institutions Only)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
6. <a href="#">News Release (New Institutions Only)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
7. <a href="#">Permanent Agreement (includes policy statement) (New Institutions Only)</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>
8. <a href="#">Application for Center Facility Participation</a>	<input type="checkbox"/>	<input type="checkbox"/> 0 of 2	<input type="checkbox"/>	<input type="checkbox"/> <a href="#">Details</a>

1. **Institution Management Plan** – Click on the Institution Management Plan hyperlink. This will bring up the Child and Adult Care Food Program Sponsor Management Plan form for the user to complete.

Each Agreement year the Institution will need to complete and submit the full Institution Management Plan - *Sponsor Management Plan*

*(Please keep in mind the training date for the program should be after June 1 and up to September 30 of that agreement year).*

Once Submitted the User can Select Go to Next Checklist Form

- 2. Responsible Parties/Principals – Institution need to complete Responsible Principals and Responsible Individuals.** Once an institution has completed a prior application, they will be able to Select **Copy Previous Year** button this will allow Responsible Parties/Principals to copy from agreement year to agreement year. The institution will be required to make any changes by selecting Edit/Delete or Add Parties to the form that may have change for the current agreement year. Once verified and changed the user can then Submit the form.

Once Submitted the User can Select Go to Next Checklist Form

- 3. Application Questionnaire -** Each Agreement year the Institution will need to complete and submit the full Application Questionnaire Form.

Once Submitted the User can Select Go to Next Checklist Form.

- 4. Institution Administrative Budget -** Each Agreement year the Institution will need to complete and submit the full Administrative Budget Form.

*All Anticipated/Estimated Food Cost forms need to be complete before the user should submit the Budget form!*

Once Submitted the User can Select Go to Next Checklist Form

- 5. Pre-Award Civil Rights Questionnaire -** Each Agreement year the Institution will need to complete and submit the full Pre-Award Civil Rights Questionnaire Form. (User will need to select SAVE then Next Page buttons to complete and submit the Form)

Once Submitted the User can Select Go to Next Checklist Form

- 6. News Release –** News Release is only required for initial application. The user can select the Institution wishes to participate in state-wide public release check box for renewal, then select Submit.

21-1408 - APPLE CORE DAY CARE CENTER  
P.O. BOX 334  
TRENTON, NJ 08625 - 0335

USDA Regulations require that all Child Nutrition Program participants submit an annual public release to the media utilizing the [Public Release Statement](#). The media that the release is submitted to MUST be in the area from which the institution draws its attendance. **The State Agency does not require that the participant pay for the announcement; however, the public release must be submitted to the media. A COPY OF THE CORRESPONDENCE TO THE MEDIA REQUESTING PUBLICATION MUST BE ATTACHED WITH THIS FORM AS PROOF OF SUBMISSION.**

Institution wishes to participate in state-wide public release.

On the date indicated below, a public release was submitted to the news media:

Once Submitted the User can Select Go to Next Checklist Form

7. **Permanent Agreement** – Initial Agreement year the Institution will need to Accept Terms and Conditions once selected this will submit this form.

Once Submitted the User can Select Go to Next Checklist Form

8. **Application for Center Facility Participation** - Each Agreement year the Institution will need to create an Application agreement per Facility in CARES. All participating Facilities will need to have a completed Application for Participation form submitted to complete an application.

**Section 1 General** –

All Institutions need to review and verify. The user will need to Upload the current require documents (Refer to Upload List).

**License and Central Sanitation Certificate at minimum** will need to be current documents.

Required Documents	Adult Care Child Care	Emergency Shelter	At Risk	Family Day Care
Facility 501(c)3 Tax Exempt Status (If seperate Legal Entity)	X	X	X	
Facility Organization Letter (If Facility Name different from License)	X	X	X	
Sponsor-Facility Agreement (Unaffiliated Facilities Only)	X	X	X	
Pre-Approval Visit Form (New Facilities Only)	X	X	X	X
Central Sanitation Certificate	X	X	X	
Current Health Inspection Report		X	X	
Current Fire/Building Inspection Report		X	X	
Certificate of Occupancy		X	X	
Attendance Zone Letter (At-Risk Facilities Only)			X	
Registration Certificate Home				X
Sample Menu				X
Sponsor/Home Agreement (New Only)				X
Proof of Tiering Documentation - update as needed				X
Income Eligibility Statement - as needed as part of Tiering Documentation				X

UPLOAD FILE

No file chosen

Document Type

Maximum File Size is 10mb, Attempting to Upload a Larger File Will Result In an Error.

Documents on File

	Document Name	Column1
<input type="button" value="Select"/> <input type="button" value="Delete"/>	Central Sanitation Certificate	12/05/2017
<input type="button" value="Select"/> <input type="button" value="Delete"/>	License	12/05/2017

No Deleted Documents on file.

### Section 3 Operating Data and Revision-

Needs to be complete with all meal data or Institutions **will not be able to receive reimbursement**, for inaccurate information.

**Section 3 - Operating Data and Revision**

Select Revision:

Effective Date

A. Age Range of Enrolled Participants  
 (Enter infants under 1 year as 0):  
 From  to  years old.

B. Licensed Capacity

C. Hours of Operation:  
 From  to  (hh:mm AM/PM)

D. Dates of Operation (mm/dd/yyyy): Start  End

E. Number of operating days per week?

F. Number of operating weeks per year?

G. Check all months in which the Child and Adult Care Food program will operate

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input type="button" value="Select All"/>
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June	
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September	<input type="button" value="Select None"/>
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December	

H. Please add data for each meal served, including shift meals

Meal  Type  Meal Time  (hh:mm AM/PM) Number of Meals

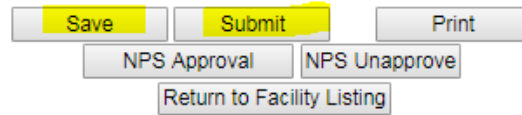
Delete	Type	MealTime	MealName	MealNum
<input type="button" value="Delete"/>	CC	08:00 AM	Breakfast	50
<input type="button" value="Delete"/>	CC	12:00 PM	Lunch	50

### Section 4 – Ethnic/Racial Makeup

Needs to be completed each Application Year.



After all information is completed for this form the user can then Save and Submit the form.



The user should then select Return to Facility Listing and Select Next Facility for Submission. Once all Facilities are Submitted the user can then return to Checklist.

**An application cannot be submitted unless all Facilities have had a completed and submitted Application.**

## 6. Review/Update Institution Document Upload

Each Fiscal year an Institution will need to Review/Upload any documents that may be needed for the current Agreement. If an Institution does not need to upload a new document the Institution would need to check the Complete Checkbox next to the Institution Document on the Checklist to verify the document is valid for that agreement year.

*The user will not be able to submit an application until all required documents are checked on the Checklist.*

EX:

Institution Document Uploads					
	Upload or View Uploaded Documents	Uploaded	Completed	Approved By NPS	Additional Info Requested
9.	501(c)(3) Tax Exempt Status (Not for Profit New Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 12/05/2017	<input checked="" type="checkbox"/> 12/05/2017	<input type="checkbox"/> <a href="#">Details</a>
10.	Disclosure of Ownership and Certificate of Incorporation (New Proprietary Institutions Only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 12/05/2017	<input checked="" type="checkbox"/> 12/05/2017	<input type="checkbox"/> <a href="#">Details</a>

**Every year Institutions will need to upload:**

Sample Daily Menu

Monitoring Schedule for Fiscal Year – (*Sponsoring Institutions Only*)

Current Complete Monitoring Form – (*Sponsoring Institutions Only*)

Proprietary Letter of Certification- Discloser of Ownership – (*For-Profit Only*)

**Needed if Changes to Contract or Expiration date**

Food Service or Small Contract – (If Applicable)

Sanitation Certificate of Food Service Company (If Applicable)

## 7. Document Uploads Checklist

- 501 (c) 3 Tax Exempt Status
- Discloser of Ownership and Certificate of Incorporation
- Sponsoring Organization Letter
- W-9 Form/NJ Start
- ACH Electronic Funds Transfer
- Outside Employment Policy
- Monitoring Schedule
- Current Completed Monitoring Form
- Job Descriptions for CACFP (Monitor)
- Small Purchase Contract
- Food Service Management
- Sanitation Certification of Food Service Management Company
- Sample Daily Dated Menu with Agency Name

## 8. Independent Center Paper Only Documents (Submitted by Hard Copy)


Each Agreement Year an Institution will need to verify that they have either submitted or have an onsite Eligibility Applications & Enrollment Records to do this the user will need to check the check box on the application for verification for Independent Center Paper Only Documents.

## 9. Training Status

To be updated by the staff at CACFP and will not be needed by the User for submitting the application.

## 10. Submit Application

Once the Application is complete on the checklist and required documents are submitted to CACFP the User will select **Submit Application to NPS** button.

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.	
	
Status	Pending Submission
	Application Approval Report

Once the user has submitted the application for that Fiscal year, CARES will notify CACFP staff, that the institution application is complete for review. The User can login to the CARES to review the progress of the Application. If there are, any issues with the Application the User will be notified by their Specialist on how to complete any outstanding issues.