

Catering Information Form Adult Care Food Program (ACFP)

Please complete and **attach copies of the required information below.**

A COMPLETE APPLICATION should consist of the following:

- ✓ *Catering Information Form (including initials and signature)*
- ✓ *Copies of current license(s)*
- ✓ *Food service inspection report(s) and*
- ✓ *Food service management certification(s).*

Submit to: Department of Elder Affairs, Nutrition Program
4040 Esplanade Way Tallahassee, Florida 32399
or **email to:** acfp@elderaffairs.org

<i>To be completed by the Caterer:</i>	
Name of Catering Company, including DBA:	
License Number and Regulatory Agency:	
Physical Address:	
Mailing Address, if Different:	
Owner/President:	
Phone Number:	
E-mail:	
Contact Person's Name/Title (that will appear on the ACFP Catering List):	
Phone Number:	
E-mail:	
Counties to be Served by Main Catering Site:	
<i>List the kitchen that will produce and deliver meals. If you own/operate more than one kitchen, a separate Catering Information Form must be completed for each kitchen.</i>	
Kitchen Facility Name:	
Physical Address:	
Contact Name and Phone Number:	
License Number and Regulatory Agency:	
Counties to be served:	

Caterer Information Form

Please initial, acknowledging the requirements to be an approved caterer for the ACFP:

____ I am aware that if I am accepted on the ACFP catering list, my kitchen will be reported to the Department of Business and Professional Regulations as serving elders, which are a high-risk population. I am aware that my license will need to reflect such information, and it will be categorized as a "Risk Level 3."

____ I am aware no food service entity will be allowed on the ACFP catering list that has had a "temporary closure" within 12 months of completing this application.

____ I am aware no food service entity will be allowed on the ACFP catering list that does not have at least 3 sanitation inspections and/or has not been open for business at least 6 months.

____ I am aware that, once on the list, an accumulation of 12 high priority violations in a 12-month period (July 1 – June 30) issued by the Department of Business and Professional Regulations (DBPR) will result in immediate removal from the ACFP catering list, and subsequent immediate termination of any contracts with ACFP providers.

____ I am aware that, once on the list, in the event of a closure (temporary or permanent) it is the vendor's responsibility to notify the Nutrition Provider (Adult Day Care or Mental Health Facility) within twenty-four (24) hours of the sanitation inspection. The vendor must provide all documentation as to the precautions taken to ensure all issues are resolved. It is the nutrition provider's decision to continue receiving meals from a vendor after a closure. I am aware that it is not recommended by the Department of Elder Affairs to continue receiving meals from a vendor who has not taken proper steps to fix issues that lead to a closure.

____ I am aware ACFP contracts must specify kitchen location and food can only come from the designated kitchen. Subcontracting and/or using any kitchen (whether approved or unapproved) without notifying DOEA in writing will result in immediate removal from the approved ACFP catering list for 12 months and subsequent termination of contracts with any and all ACFP providers.

Signature of Authorized Caterer Representative

Date

Title