



# State of New Jersey

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TO: Child and Adult Care Food Program Sponsors  
FROM: Tanya D.W. Johnson, Coordinator *Tanya D.W. Johnson*  
Child and Adult Care Food Program  
DATE: October 2010  
SUBJECT: CHILD AND ADULT CARE FOOD PROGRAM REIMBURSEMENT VOUCHERS  
**AFP MEMO #11-5**  
**CCFP MEMO #11-5**  
**FDC MEMO #11-4**

Enclosed is a supply of Child and Adult Care Food Program vouchers, instructions and envelopes for fiscal year 2011 that begins October 1, 2010. This package includes the following important items:

1. 15 New Reimbursement Vouchers -Please use for the months of **October 2010** through **September 2011**.
2. 15 Self-Addressed Return Envelopes
3. Instructions for Completing the Reimbursement Voucher

**Please be sure that a copy of this entire package, including the voucher instructions, is forwarded to the person responsible for completing the reimbursement voucher.**

We ask that you review the voucher instructions carefully to identify and correct any errors before submission. If you make a mistake while completing the voucher, **erase** it and **correct** the error.

**USE YOUR VOUCHER SUPPLY WITH CARE. IF YOUR VOUCHER IS RETURNED FOR CORRECTIONS, DO NOT USE A NEW FORM. ERASE THE ERROR, MAINTAIN A PHOTOCOPY FOR YOUR FILES, AND RETURN THE VOUCHER IMMEDIATELY TO THIS OFFICE.**

Each voucher is preprinted with the sponsor name and agreement number. The "bubbles" in the agreement number boxes have also been "preslugged;" in other words, completed by the computer. **DO NOT MAKE ANY MARKS IN THE AGREEMENT NUMBER BOXES.** To complete the voucher, use a No. 2 pencil and print the numbers in the boxes and fill in the corresponding bubbles for each section. Sections of the voucher, which do not apply to your program, may be left blank. **Be sure to photocopy both sides of the voucher for your files.**

Instructions on the form demonstrate a "right mark" as opposed to a "wrong mark." The scanner will reject a voucher with bubbles completed incorrectly or completed with anything other than a No. 2 pencil. We strongly recommend that another person review the voucher for accuracy and completeness before submitting to this office.

**REMINDER:** Federal regulations prohibit payment of vouchers received after the required timeframe. All vouchers must be mailed by the 10th of the month following the month covered by the claim for reimbursement. Because vouchers must be submitted within the required timeframe at all times, it is not necessary to wait for your October approval package before submitting vouchers for the new agreement year.

As a sponsoring agency, it is your responsibility to ensure that this office receives reimbursement vouchers in a timely manner. In addition, your agency is required to have a system in place to confirm the amount of funds that are due, compare monthly program cost to reimbursement, and to verify that payment has been received for each month a voucher is submitted.

If you need to submit revised or corrected vouchers, you must ensure that your schedule allows ample time for these additional submissions. Remember, the scanner reads the bubbles and not the numbers written in the boxes. If you neglect to complete the bubbles, the scanner will read this as zero "0", and you may lose valuable reimbursement.

If your voucher is returned for correction, do not use a new form. Erase the error, maintain a photocopy for your files, and return the voucher immediately or by the requested date.

Revised vouchers reflecting an increase in reimbursement cannot be processed after 60 days following the month of the claim unless the underpayment is verified in an administrative review or audit.

A late voucher or a late revised voucher explanation that "*the voucher was mailed*" is not an acceptable reason for vouchers received after the required timeframe. Therefore, we recommend that you establish a system to calculate the amount of reimbursement due; have another person review the voucher for accuracy and completeness; and send vouchers by certified mail, return receipt requested or include a return letter of confirmation with a stamped, self-addressed envelope, so that you have verification that the voucher was received by this office.

Federal regulations prohibit payment of any vouchers not received within the required timeframe. Also, USDA Food and Nutrition Service regulation 226.6(k)(2)(ix) states: **Denial by the State Agency of reimbursement for a late claim is not subject to appeal.**

If you have questions about completing the voucher or making corrections, call your program specialist at (609) 984-1250.

10-4 VOUCHERMEMO tdwj

AFP Memo #11-5, CCFP Memo #11-5 FDC Memo #11-4

Attachments: FY 11 Reimbursement Vouchers  
Reimbursement Voucher Envelopes  
Reimbursement Voucher Instructions

# CHILD AND ADULT CARE FOOD PROGRAM REIMBURSEMENT VOUCHERS

The following pages are provided as guidance to assist you in completing your Child and Adult Care Food Program voucher.

Because sponsoring agencies are responsible for ensuring that this office receives reimbursement vouchers in a timely manner. We strongly encourage the following practice:

- Have another person review the voucher for accuracy and completeness;
- Send vouchers by certified mail, return receipt requested,  
or
- Include a return letter of confirmation with a stamped, self-addressed envelope, so that you have verification that this office received the voucher.

Please review these pages before contacting the Child and Adult Care Food Program office.

If you have questions about the completing or correcting a voucher, call your payment specialist for assistance at (609) 984-1266.

The Child and Adult Care Food Program is required to implement USDA's legislative reforms to strengthen program integrity which requires that agencies demonstrate financial viability, organizational accountability, and administrative capability.

In accordance with § 226.6, and the performance standards set forth therein, sponsors must demonstrate that the agency is Financially Viable to operate the Child and Adult Care Food Program (CACFP). Each sponsor is required to operate a non-profit food service so that all reimbursement is used for the maintenance and/or improvement of the food service operation. All centers, including sponsored centers receive a single rate of reimbursement for each meal type that may be applied to both their operating costs and their administrative costs. Because CACFP reimbursement will not cover all costs necessary to operate the food program, agencies must secure additional resources (whether from grants, loans, or transfers of funds from other parts of the organization) or re-allocate resources within your existing budget.

All sponsors must meet requirements by monitoring the established system in place for comparing cost incurred to earned reimbursement on a monthly basis. Federal regulations require that institutions demonstrate compliance with the aforesaid integrity rules, so that agencies are able to identify and ensure resolution of programmatic and fiscal deficiencies and/or discrepancies without delay.



# CHILD CARE FOOD PROGRAM

## REIMBURSEMENT VOUCHER INSTRUCTIONS

All vouchers must be completed with a No. 2 pencil. The CACFP office pre-fills the agreement number and the name of the sponsor with the Schedule A information on file from the previous agreement year.

The bubbles must be completed under each number printed in the boxes. Use the voucher supply with care. All agencies receive an equal amount of vouchers each year. This year, you have a supply of 15 vouchers although you should only need 12 or 1 voucher per month. If you make a mistake while completing the voucher, erase it and correct the error. **IF YOUR VOUCHER IS RETURNED FOR CORRECTION, DO NOT USE A NEW FORM. ERASE THE ERROR, MAINTAIN A PHOTOCOPY FOR YOUR FILES, AND RETURN THE VOUCHER IMMEDIATELY OR BY THE REQUESTED DATE.**

Carefully proofread the voucher before mailing. (Data on the voucher is processed by a scanner that actually reads the bubbles, not the numbers in the corresponding boxes.) If you leave items blank, the voucher will not be paid properly. However, sections of the voucher that do not apply to your program may be left blank.

Be sure to maintain a photocopy of the monthly voucher(s) for your files. Do not submit photocopies of the reimbursement voucher to the Child and Adult Care Food Program office for processing. Photocopies of vouchers cannot be processed.

## CHILD CARE FOOD PROGRAM REIMBURSEMENT VOUCHER

New Jersey Department of Agriculture  
Child and Adult Food Program  
PO Box 334, Trenton, NJ 08625-0334

### SPONSOR IDENTIFICATION AND PROGRAM DATA

Name and Address of Sponsor

#### MARKING INSTRUCTIONS

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the response completely.
- Erase clearly any marks you wish to change.
- Make no stray marks on this form.

***FILL THE VOUCHER BUBBLES CORRECTLY!***

*Do not check the bubble.  
Do not "X" the bubble.  
Do not partially fill the bubble.*

**CORRECT:**



**INCORRECT:**



### SPONSOR IDENTIFICATION AND PROGRAM DATA

The numbered instructions correspond with the items numbered on the voucher.

1. **AGREEMENT NUMBER**

The agreement number from the current Schedule A is bubbled by the CAFP office in the upper-left corner of the voucher. Check to verify that the correct agreement number appears in this box. If it is blank, fill in your agreement number as it appears on your Schedule A.

2. **THIS IS A REVISED VOUCHER**

If this voucher is a resubmission, fill in the bubble for "YES." Revised vouchers must show all correct information for the month, not just the corrections or additions. If this is a revised voucher, leave #2 blank, but be sure to complete the entire form.

3. **MONTH CLAIMED**

The month indicated must be the month for which all information on the voucher pertains and must be a month the sponsor is approved to serve meals to enrolled participants.

4. **CALENDAR YEAR**

Complete the calendar year.

**#3 WHAT MONTH ARE YOU REPORTING?**  
*Vouchers must be prepared after the last day of the month.*

### SPONSOR IDENTIFICATION AND PROGRAM DATA (cont)

1. Agreement Number

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

2. This is A Revised Voucher

YES

3. Month Claimed

- Jan
- Feb
- Mar
- Apr
- May
- June
- July
- Aug
- Sept
- Oct
- Nov
- Dec

4. Calendar Year

- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

**#2 HAS YOUR AGENCY ALREADY RECEIVED PAYMENT FOR THIS MONTH?**  
*If yes, complete this section and the correct figures for the entire voucher.*  
***If it is a Rejected Voucher, Do Not Fill In.***

8	8
9	9

8	8	8
9	9	9

5. **# MEAL SERVICE DAYS**

The total number of days meals were served to enrolled participants during the month.

6. **# PROGRAMS CLAIMED**

The total number of programs participating during the month; refer to your Schedule A pertaining to the month for which you are reporting to make sure the information agrees.

If there is a change in the total number of programs, you must submit a revised Schedule A with this reimbursement voucher to avoid a delay or loss of reimbursement.

**SPONSOR IDENTIFICATION AND PROGRAM DATA (con't)**

**#5 HOW MANY DAYS DID YOUR AGENCY PROVIDE MEAL SERVICE TO THE ENROLLED PARTICIPANTS?**

1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9

--

<input type="radio"/> Apr
<input type="radio"/> May
<input type="radio"/> June
<input type="radio"/> July
<input type="radio"/> Aug
<input type="radio"/> Sept
<input type="radio"/> Oct
<input type="radio"/> Nov
<input type="radio"/> Dec

<input type="radio"/> 2002
<input type="radio"/> 2003
<input type="radio"/> 2004
<input type="radio"/> 2005
<input type="radio"/> 2006
<input type="radio"/> 2007
<input type="radio"/> 2008
<input type="radio"/> 2009
<input type="radio"/> 2010

5. # Meal Service Days

<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

6. # Programs Claimed

<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6

**#6 CHECK YOUR SCHEDULE A !**  
*Does this match the number of programs and sites approved on the Schedule A for this month?*

## ELIGIBILITY

Enter the total number *free*, *reduced* and *paid* Eligibility Applications on file for the participants enrolled for each participating program approve on the Schedule A for the month being covered by this claim.

7. **FREE**

The total number of participants for whom current complete "Eligibility Applications" determined in the free category on file at your agency for the month.

8. **REDUCED**

The total number of participants for whom current complete "Eligibility Applications" determined in the reduced-price category on file at your agency for the month.

9. **PAID**

The total number of participants for whom current complete "Eligibility Applications" determined in the paid category on file at your agency for the month.

**REMEMBER** - *Incomplete, missing, and outdated applications must be classified and counted as paid.*

#7, #8, #9 HOW MANY FREE, REDUCED AND PAID APPLICATIONS ARE ON FILE?

OF THE NUMBER OF PARTICIPANTS ENROLLED THIS MONTH, HOW MANY FREE, REDUCED AND PAID APPLICATIONS ARE ON FILE?

7. **Free**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

8. **Reduced**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

9. **Paid**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**REMEMBER:** *Incomplete, missing, and outdated applications must be classified and counted in the PAID category.*



**SPONSORS OF FOR PROFIT CENTERS ONLY— For-Profit Center Data**

10.

**PERCENTAGE OF TITLE XX CLAIMED**

If you have for-profit centers, for each center claimed this month, report the percentage (%) of TXX (TANF) or (ABBOTT) participants for each center.

**IMPORTANT!**

If this percentage is less than 25 percent for the reporting month, you must contact the Child and Adult Care Food Program for further guidance.

**CALCULATING TXX PERCENTAGES FOR PROPRIETARY CENTERS**

For each For-Profit Center Located At The Same Address, divide the Number of Title XX/TANF Participants by the Total Participants Enrolled at that center.

If you have more than one for-profit center located at a different address, report the percentages separately for each location.

Equation:

$$\frac{\text{Title XX/TANF For Profit Center}}{\text{Enrollment}} + \frac{\text{Enrollment}}{\text{Enrollment}} = \text{Title TXX \%}$$

**Example: Center 1**

Total Enrolled = 127

Total TXX Participants = 36

$$36 \div 127 = 28\%$$

Sponsors of For Profit Centers				
10. Report % Of Title XX / TANF Participants Claimed By Center For This Month				
Ctr. 1	Ctr. 2	Ctr. 3	Ctr. 4	Ctr. 5
2 8				
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9

**Reporting Eligibility Percentages for For Profit Centers**

$$\text{Title XX Enrollment} \div \text{Total Enrollment} = \%$$

$$\text{Title XX Enrollment} \quad \underline{36}$$

$$\text{Total Enrollment} \quad \underline{127}$$

$$\text{Equation: } 36 \div 127 = 28\%$$

### AVERAGE DAILY ATTENDANCE

#### 11. TOTAL SPONSOR ADA

All **sponsors** must complete the average daily attendance for all programs serving meals to enrolled participants under your sponsorship during the month.

Example:

<b>TOTAL MONTHLY ATTENDANCE</b>	+	<b># OF OPERATING DAYS</b>	=	<b>ADA</b>
1014	+	22	=	46.0909

**Round Decimals Up To The Next Whole Number**  
**46.0909 = 47**

ALL SPONSORS MUST COMPLETE THIS SECTION. Use your Attendance Records to Calculate ADA.

### AVERAGE DAILY ATTENDANCE

Calculating OSH Average Daily Attendance explained on page 7.

11. Total Sponsor ADA

			4	7
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

12. Head Start Centers

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

13. Outside School Hours

			1	8
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

<b>Total Monthly Attendance</b>	+	<b># Operating Days</b>	=	<b>ADA</b>
1014	+	22	=	46.0909
<b>ADA = <u>47</u></b>				

12. **HEAD START CENTERS ONLY (if applicable)**

If you have head start centers, use the ADA example to calculate the average daily attendance for all Head Start participants.

Example:

$$\begin{array}{r} \text{TOTAL MONTHLY} \\ \text{HEAD START} \\ \text{ATTENDANCE} \end{array} + \begin{array}{r} \text{\# OF OPERATING} \\ \text{DAYS} \end{array} = \text{HEAD START ADA}$$

13. **OUTSIDE SCHOOL HOUR CENTERS (OSH) ONLY (if applicable)**

If you have Outside School Hour (OSH) programs, use the ADA example to calculate the average daily attendance for all Outside School Hour participants (through the age of 12 only). Do not include the average daily attendance figure for the After School "At Risk" participants. (The ADA for the After School "At Risk" Program must be entered in item # 14 only.)

Example:

*(See the OSH Average Daily Attendance Illustration on Page 6, Section # 13)*

<b>TOTAL MONTHLY OSH ATTENDANCE</b>	+	<b>\# OF OPERATING DAYS</b>	=	<b>OSH ADA</b>
382		22		17.36 OR 18

14. **AFTER SCHOOL "AT RISK" ONLY (if applicable)**

If you have After School "At Risk" Snack Programs, use the ADA example to calculate the average daily attendance for all After School "At Risk" participants. Enter the ADA for enrolled participants through age 18 who participate in the After School Care "At Risk" Program located in an area served by a school in which at least 50 percent of the enrolled participants are certified eligible for free or reduced price school meals.

Example:

$$\begin{array}{r} \text{TOTAL MONTHLY} \\ \text{"AT RISK" ATTENDANCE} \end{array} + \begin{array}{r} \text{\# OF} \\ \text{OPERATING DAYS} \end{array} = \text{"AT RISK" ADA}$$

15. **HOMELESS SHELTERS ONLY (if applicable)**

If you have homeless shelters, use the ADA example to calculate the average daily attendance for all Homeless Shelter participants.

Example:

$$\begin{array}{r} \text{TOTAL MONTHLY} \\ \text{HOMELESS SHELTER} \\ \text{ATTENDANCE} \end{array} + \begin{array}{r} \text{\# OF} \\ \text{OPERATING DAYS} \end{array} = \text{HOMELESS SHELTER ADA}$$

16. **FOR PROFIT CENTERS ONLY (if applicable)**

If you have for-profit centers, use the ADA example to calculate the average daily attendance for all for-profit centers providing nonresidential child care services for which the eligibility applications collected for the free and reduced participants constitute no less than 25 percent of the total participants enrolled.

Example:

$$\begin{array}{r} \text{TOTAL FOR-PROFIT} \\ \text{ATTENDANCE} \end{array} + \begin{array}{r} \text{\# OF OPERATING} \\ \text{DAYS} \end{array} = \text{FOR-PROFIT ADA}$$



**CERTIFICATION**

The reimbursement voucher must be signed and dated by an authorized sponsor representative. List the telephone number of the person responsible for completing the reimbursement voucher.

Please be sure that all voucher questions are completed correctly. Incorrectly completed vouchers will be returned for revision.

Federal Law and Regulations require that final claims for reimbursement be submitted no later than two months following the month of operation. Failure to meet this provision will result in the loss of reimbursement to the sponsor for that month of operation.

**WHEN ARE YOU PREPARING YOUR VOUCHER?**  
*Vouchers must be prepared after the last day of the month.*

Certification			
<p><b>IMPORTANT - All vouchers must be mailed by the 10th of the month following the month being covered by this claim for reimbursement. A copy of this voucher must also be kept by the sponsor. All receipts, invoices and other evidence of purchase must be retained and available for future audit for a period of 5 years after the end of the agreement year. Federal Regulations require that final claims for reimbursement be submitted no later than 60 days following the month of operation; vouchers received after the deadline will not be paid.</b></p>			
<p>I certify that to the best of my knowledge and belief, this voucher is true and correct in all respects, that records are available to support this voucher, that it is in accordance with existing agreement(s); and that payment thereof has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein.</p>			
DATE OF PREPARATION			SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE
MONTH	DAY	YEAR	PHONE NUMBER
			TITLE OF AUTHORIZED SPONSOR REPRESENTATIVE

**SUBMIT THIS FORM ONLY - DO NOT SUBMIT PHOTOCOPY  
 FOR ADDITIONAL FORMS CALL 609-984-1250**

To avoid loss of reimbursement, the Child and Adult Care Food Program strongly recommends the following:

- Submit claims for reimbursement by the 10th day of the month following the month covered by the claim. (Child and Adult Care Food Program Regulation 226.10(c))
- Submit Schedule A revisions with reimbursement vouchers to avoid voucher rejections.
- Resubmit rejected vouchers within 10 days from the date of the notice unless indicated, otherwise, on the rejection notice.
- Revised vouchers reflecting an increase in reimbursement cannot be processed after 60 days following the month of the claim unless the underpayment is verified in an administrative review or audit.
- If payment is not received within 50 days following the month of operation, call your program specialist to verify that the voucher was received and processed for payment.
- A late voucher explanation that "the voucher was mailed" is not an acceptable reason for vouchers received after the required timeframe. Therefore, we strongly recommend that you enclose a self-stamped envelope and send your vouchers by certified mail, return receipt requested.

As a sponsoring agency, it is your responsibility to ensure that reimbursement vouchers are submitted in a timely manner. In order to avoid the loss of reimbursement, we recommend that you enclose a self-stamped envelope and send vouchers by certified mail, return receipt requested; compare monthly CACFP program cost to reimbursement; and have a system in place to verify that reimbursement was received for each voucher submitted.

If you have questions about the completing or correcting a voucher, call your payment specialist for assistance at (609) 984-1266

**Submit all claims** for reimbursement on the appropriate reimbursement voucher to:

VIA REGULAR MAIL	VIA OVERNIGHT or EXPRESS MAIL
Child and Adult Care Food Program New Jersey State Department of Agriculture Division of Food and Nutrition Services Bureau of Child Nutrition Programs PO BOX 334 Trenton, New Jersey 08625-0334	Child and Adult Care Food Program New Jersey State Department of Agriculture Division of Food and Nutrition Services Bureau of Child Nutrition Programs 33 West State Street, 4th Floor Trenton, New Jersey 08625-0334