

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PARTICIPANT WAITING LIST

DATE OF WAITING LIST NOTIFICATION	DATE OF APPLICATION	NAME OF APPLICANT	ADDRESS AND PHONE NUMBER	DATE NOTIFIED OF AVAILABLE CASELOAD	RESULT OF NOTIFICATION C - CERTIFIED N - NOT ELIGIBLE NA - NOT ABLE TO CONTACT