MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

SHELTER RESIDENT ROSTER BY MONTH – MUST BE UPDATED DAILY

SHELTER NAME		MONTH/YEAR		
Last Name, First Name*	Date of Birth*	If over 18 years of age, is this person disabled?** Yes/No	Date Entered Shelter	Date Left Shelter
DIRECTOR'S SIGNATURE				DATE

* If the shelter is a victim service provider, first and last name and date of birth may be omitted from the resident roster for privacy protection. However, there must be a way to identify each participant using initials or other discreet methods on the resident roster. The first and last names and date of birth must be made available to the reviewer during a monitoring review.

** Verification of disability must be provided to the reviewer upon request at the time of a monitoring review.