Attachment 2.5B

MISSOURI DEPARTMENT OF HEALTH
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
COMMODITY SUPPLEMENTAL FOOD PROGRAM

ONE MONTH CERTIFICATION STATEMENT AND SIGN-IN SHEET

>>> READ THIS STATEMENT BEFORE SIGNING <<<

The undersigned waiting applicants received one month certifications and one food package on the date indicated. Immediately following receipt of one food package, the one month certification ended and the undersigned returned to being waiting applicants in accordance with Section 2.6 of the Missouri CSFP Policy and Procedure Manual.

PRINTED NAME OF ONE MONTH PARTICIPANT	SIGNATURE OF ONE MONTH PARTICIPANT	DATE FOOD PACKAGE RECEIVED