

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) ELDERLY PARTICIPANT EXTENSION OF CERTIFICATION PERIOD

Signature verifies that participant's address and continued interest in receiving CSFP benefits has been determined. Local Agency has sufficient reason to believe participant/s still meets income eligibility standards (e.g. the elderly person has a fixed income). Local Agency has notified participant verbally or in writing of the period of the extension.

| | Certification Verified | |
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| Signature of Certifying Official | (required annually during certification period) | Period of Certification |
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