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

CACFP SYSTEM APPROVAL REQUEST

NAME OF SPONSOR:			
NAME OF SYSTEM:			
CONTACT PERSON:	PHONE NUMBER:	SPONSOR NUMBER:	DATE:

TYPE OF CENTER/SITE

- ☐ CHILD CARE CENTER
- ☐ ADULT DAY CARE CENTER
- ☐ AT-RISK AFTERSCHOOL PROGRAM
- ☐ OUTSIDE SCHOOL HOURS CARE CENTER
- ☐ EMERGENCY SHELTER

RECORDS SYSTEM COVERS (CHECK ALL THAT APPLY)

- ☐ ENROLLMENT FORMS
- ☐ INCOME ELIGIBILITY FORMS
- ☐ MEAL COUNTS
- ☐ ATTENDANCE
- ☐ MENUS
- ☐ INFANT MENUS
- ☐ INFANT FEEDING CARE PLANS
- ☐ MEAL PATTERN SUBSTITUTION FORMS
- ☐ _____
- ☐ _____

YOU MUST SUBMIT COMPLETED CACFP SYSTEM APPROVAL REQUEST TO CACFP@HEALTH.MO.GOV