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

CACFP CENTER/SITE ELIGIBILITY QUESTIONNAIRE

COMPLETE A SEPARATE FORM FOR EACH CENTER/SITE

NAME OF CENTER/SITE

STREET ADDRESS OF CENTER/SITE

CITY	STATE	ZIP CODE	COUNTY

TYPE OF CENTER/SITE

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

SELECT YOUR LICENSING/REGISTRATION STATUS:

☐ POSSESS A LICENSE ☐ EXEMPT FROM LICENSING

IS THE PROGRAM A LEGAL ENTITY OF THE SPONSOR? (THE SPONSOR OWNS THE PROGRAM)

☐ YES ☐ NO

IS THE PROGRAM LEGALLY SEPARATE FROM THE SPONSOR? (SPONSOR ONLY PROVIDES FOOD PROGRAM RESPONSIBILITIES)

☐ YES ☐ NO

LICENSED DAY CARE HOMES ARE INELIGIBLE - SIMULTANEOUS PARTICIPATION IN BOTH CACFP AND SFSP FOR THE SAME CHILDREN IS NOT ALLOWED. THIS IS CONSIDERED DUAL PARTICIPATION.

YOU MUST SUBMIT COMPLETED CACFP POTENTIAL NEW SPONSOR QUESTIONNAIRE AND A CENTER/SITE ELIGIBILITY QUESTIONNAIRE FOR EACH CENTER/SITE TO CACFP@HEALTH.MO.GOV