



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SFSP SITE ELIGIBILITY QUESTIONNAIRE

COMPLETE A SEPARATE FORM FOR EACH SITE

NAME OF SPONSOR

NAME OF SITE

STREET ADDRESS OF SITE

CITY	STATE	ZIP CODE	COUNTY
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TYPE OF MEAL SERVICE OPERATION
 CONGREGATE
 RURAL NON-CONGREGATE

TYPE OF SITE
 OPEN SITE USING SCHOOL DATA OR CENSUS DATA
 MIGRANT SITE
 CLOSED ENROLLED SITE
 SUMMER CAMP
 NATIONAL YOUTH SPORTS PROGRAM
 UPWARD BOUND PROGRAM
 CONDITIONAL NON-CONGREGATE

WHAT SCHOOL DISTRICT AND SCHOOL BUILDING IS NEAREST TO YOUR SITE?

WAS/IS THIS SITE UNDER AN EXISTING SPONSOR FOR THE SFSP?
 YES NO IF YES, NAME OF SPONSOR:

HOW FAR IS THIS SITE FROM AN EXISTING SITE? ARE THERE PUBLIC SAFETY CONCERNS AROUND THE SITE?

WHAT POPULATION OF CHILDREN WILL BE SERVED, ANY SPECIFIC AGE GROUPS OR PROGRAMS?

WHAT MEALS AND MEAL TIMES WERE YOU CONSIDERING AT THIS SITE?

WHAT SERVING DATES WERE YOU CONSIDERING?

PLEASE NOTE THAT SITES MUST NOT BE IN CLOSE PROXIMITY TO AN EXISTING SITE AND SITES MAY BE DENIED FOR THIS REASON.

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.

SUBMIT COMPLETED DOCUMENT TO SFSP@HEALTH.MO.GOV

Empty space for additional information or comments.