

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SPONSORING ORGANIZATION HOUSEHOLD CONTACT SURVEY

Please complete and return immediately in the envelope provided.

PARTICIPANT'S NAME		PARTICIPANT'S BIRTHDATE	
FACILITY NAME			
DATE OF ENROLLMENT AT CENTER (FIRST DAY ATTENDED AT THIS FACILITY)			
TIME PARTICIPANT ARRIVES AND TIME OF PICK UP			
ARRIVAL TIME		PICK UP TIME	
CHECK THE DAYS PARTICIPANT ATTENDS THE FACILITY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	PARTICIPANT IS IN CARE (CHECK THE APPROPRIATE BOX) <input type="checkbox"/> ALL DAY <input type="checkbox"/> BEFORE SCHOOL <input type="checkbox"/> AFTER SCHOOL <input type="checkbox"/> HALF DAY MORNING <input type="checkbox"/> HALF DAY AFTERNOON <input type="checkbox"/> BEFORE & AFTER SCHOOL <input type="checkbox"/> EVENING <input type="checkbox"/> OVERNIGHT	CHECK THE MEALS YOU EXPECT THE PARTICIPANT TO RECEIVE WHILE IN CARE <input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	
SIGNATURE			DATE
PHONE NUMBER			
May we contact you for additional information, if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Thank you for your time and assistance.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. **email:** program.intake@usda.gov

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