CSFP Waiting List

Agency_____ Sheet 1 of _____

Name	Certified for Participation Date	Category 1. infant (0 to 3 mos) 2. infant (4 to 12 mos) 3. Child (1-6 years) 4. Pregnant 5. Postpartum Non-Breastfeeding 6. Elderly (age 60 & up) 7. Elderly (age60&uphomebound)	Date Notified (Mail/Phone)	Initials of Staff
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