

Request to Increase ACFP Participation

Contract Number: _____

This form should be filled out and sent in with the following support documentation:

- **Eligibility forms to support increased request**
- **Enrollment roster to support increased request**

1. Current Number of ACFP participants on application: _____
2. Number of requested participant increase: _____

This form must be submitted to your contract manager prior to a claim submission with increased numbers. Your participation increase must be approved by your contract manager for a claim to be submitted with new numbers. You may also be asked to submit **invoice/receipt evidence of food purchases and your monthly expenditure worksheet.**

Provider Name: _____

Date: _____

Provider's Signature: _____

For Contract Manager Use Only:

Request for Increase Approved: Yes _____ No _____

Reason for Denial: _____

Contract Manager Signature: _____ Date: _____

Nutrition Program Manager Signature: _____ Date: _____