
Name of Child Care Center

Physical Location Address of Center

City, State, Zip Code

Telephone Number

_____, _____ announces the
 (Name of Center) (License #)

sponsorship of U.S. Department of Agriculture Child and Adult Care Food Program. Children who are members of FI assistance units, SNAP or Food Distribution Programs on Indian Reservations (FDPIR) households are automatically eligible to receive free meal benefits. The U.S. Department of Agriculture (USDA) its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture ~ Office of the Assistant Secretary for Civil Rights ~ 1400 Independence Avenue, SW ~ Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

**CHILD AND ADULT CARE FOOD PROGRAM
 INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICED MEALS
 Effective July 1, 2021 to June 30, 2022
 (Use for eligibility determinations and for public releases)**

**ELIGIBILITY SCALE
 FOR FREE MEALS**

**ELIGIBILITY SCALE
 FOR REDUCED-PRICE MEALS**

HOUSE-HOLD SIZE	PER YEAR	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	HOUSE-HOLD SIZE	PER YEAR	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	16,744	1,396	698	644	322	1	23,828	1,986	993	917	459
2	22,646	1,888	944	871	436	2	32,227	2,686	1,343	1,240	620
3	28,548	2,379	1,190	1,098	549	3	40,626	3,386	1,693	1,563	782
4	34,450	2,871	1,436	1,325	663	4	49,025	4,086	2,043	1,886	943
5	40,352	3,363	1,682	1,552	776	5	57,424	4,786	2,393	2,209	1,105
6	46,254	3,855	1,928	1,779	890	6	65,823	5,486	2,743	2,532	1,266
7	52,156	4,347	2,174	2,006	1,003	7	74,222	6,186	3,093	2,855	1,428
8	58,058	4,839	2,420	2,233	1,117	8	82,621	6,886	3,443	3,178	1,589
For each additional member	+5,902	+492	+246	+227	+114	For each additional member	+8,399	+700	+350	+324	+162

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CHILD AND ADULT CARE FOOD PROGRAM**

PUBLIC RELEASE FOR CHILD NON PRICING PROGRAMS

AGREEMENT # _____

INSTITUTION NAME _____

Attach a **COPY** of the actual information your organization will submit to the organizations listed below (The approved public release must be sent within two weeks of approval to participate in the CACFP).

Name(s) of public information media (local newspaper, local cable TV Station, radio, etc.) to which public release will be sent.

1. _____
2. _____
3. _____

Name(s) of minority and grassroots organizations to which public release will be sent:
(Example: churches, community action program, civic organization, migrant group, neighborhood council, local chapter of NAACP, or similar group)

1. _____
2. _____
3. _____