_____

Name of Adult Care Center

_____

Physical Location Address of Center

_____

City, State, Zip Code

_____

Telephone Number

_____, _____ announces the sponsorship of U.S.
(Name of Center) (License #)

Department of Agriculture Child and Adult Care Food Program. Adult participants who are members of SNAP, Food Distribution Programs on Indian Reservations (FDPIR), or FI households or who are SSI or Medicaid participants are automatically eligible to receive free meal benefits. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICED MEALS
Effective July 1, 2026 to June 30, 2027
(Use for eligibility determinations and for public releases)

ELIGIBILITY SCALE FOR FREE MEALS

HOUSE-HOLD SIZE	PER YEAR	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	20,478	1,729	865	798	399
2	28,132	2,345	1,173	1,082	541
3	35,516	2,960	1,480	1,366	683
4	42,900	3,575	1,788	1,650	825
5	50,284	4,191	2,096	1,934	967
6	57,668	4,806	2,403	2,218	1,109
7	65,052	5,421	2,711	2,502	1,251
8	72,436	6,037	3,019	2,786	1,393
For each additional member	+7,384	+616	+308	+284	+142

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS

HOUSE-HOLD SIZE	PER YEAR	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,249	1,175
5	71,558	5,964	2,982	2,679	1,340
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional member	+10,508	+876	+438	+405	+203

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

PUBLIC RELEASE FOR ADULT 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. _____