

Name of Adult Care Center

Physical Location Address of Center

City, State, Zip Code

Telephone Number

(Name of Center)

(License #)

announces the sponsorship of U.S.

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, 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: **mail** to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SC, Washington, D.C. 20250-9410; **or by fax** at (833) 256-1665 or (202) 690-7442 **or by email** at program.intake@usda.gov.

This institution is an equal opportunity provider.

CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICED
MEALS Effective July 1, 2024 to June 30, 2025
(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	19,578	1632	816	753	377	1	27,861	2,322	1,161	1,072	536
2	26,572	2,215	1,108	1,022	511	2	37,814	3,152	1,576	1,455	728
3	33,566	2,798	1,399	1,291	646	3	47,767	3,981	1,991	1,838	919
4	40,456	3,380	1,690	1,560	780	4	57,720	4,810	2,405	2,220	1,110
5	47,554	3,963	1,982	1,829	915	5	67,673	5,640	2,820	2,603	1,302
6	54,548	4,546	2,273	2,098	1,049	6	77,626	6,469	3,235	2,986	1,493
7	61,542	5,129	2,565	2,367	1,184	7	87,579	7,299	3,650	3,369	1,685
8	68,536	5,712	2,856	2,636	1,318	8	97,532	8,128	4,064	3,752	1,876
For each additional member	+6,994	+583	+292	+269	+135	For each additional member	+9,953	+830	+415	+383	+192

**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. _____