

**South Carolina Department of Social Services
Child and Adult Care Food Program
Institution Request to Participate in CACFP Waiver Due to Temporary Unavailability of Milk**

Briefly describe circumstances in your geographic area that would permit your institution's use of this waiver for your child care/adult care or afterschool facility.

**Attach a separate sheet of paper if additional space is needed for a response.*

The institution certifies all required records for the CACFP will be maintained in accordance with federal regulations and the agreement between the institution and the South Carolina Department of Social Services. This includes but is not limited to dated menus, attendance records, meal count records and purchase receipts/invoices.

Submitted by: _____

Title: _____

Date Submitted: _____

Phone Number: _____

Email Address: _____

Signature: _____