

**South Carolina Department of Social Services**  
**Child and Adult Care Food Program (CACFP)**  
**ROSTER OF FOOD PROGRAM PARTICIPANTS**  
**(FREE AND REDUCED PRICE MEALS ELIGIBILITY)**

Sponsor: \_\_\_\_\_ Page No.: \_\_\_\_\_

Facility: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Name of Participant	Date Entered	Date Exited	FRPMA* Date	Category of Eligibility			Date and Category of Eligibility Change	Race	Ethnicity
				F	R	P			

\* Free and Reduced Price Meal Application

## ROSTER OF FOOD PROGRAM PARTICIPANTS

Enter the totals from the front of the page below.

Month	Free	Reduced	Paid	Total
October				
November				
December				
January				
February				
March				
April				
May				
June				
July				
August				
September				

Racial/Ethnic Date Current as of: \_\_\_\_\_  
Date

Racial Totals							Ethnicity		
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Island	White	Total for All Races	Hispanic or Latino	Non-Hispanic or Latino	Total
TOTALS									
PERCENTAGES									