

**South Carolina Department of Social Services
Child and Adult Care Food Program
Institution Request to Participate in CACFP Waivers Due to COVID-19 Emergency**

Describe the method(s) to be used to communicate with families:

Describe how the institution will ensure proper operation of the program including meal content, meal counts, attendance records, food safety, compliance with civil rights requirements, oversight, etc.

Submit a sample menu, for approved meal types, with this waiver application.

** Attach a separate sheet of paper if additional space is need 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: _____