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 | Р | Change | | |
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* 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 | | | | |
| Мау | | | | |
| 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 | | | | | | | | | |