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| North Carolina Department of Health and Human Services  Division of Public Health, Women’s & Children’s Health Section  Nutrition Services Branch  **Child and Adult Care Food Program**  **Non-Pricing Program Policy and Procedure**  **TEMPLATE** | | | | | | |
| ***Delete Instructions Prior to Submission for Approval***  **Instructions: Institutions participating in NC CACFP may adapt this template to reflect their institution’s policies and procedures or use an existing non-pricing policy. All non-pricing policies must include the elements listed below under “Policy.” Highlighted items should be modified to reflect your Institution’s procedures.** | | | | | | |
|  |  | | |  |  |  |
|  | (Institution Name) | | |  | (CACFP Agreement Number) | |
| **PURPOSE** | | | | | | |
| * To ensure that all participants are served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability and that there is no discrimination in the course of the food service. | | | | | | |
| **POLICY** | | | | | | |
| [INSTITUTION] does not charge separately for meals served to participants, regardless of race, color, national origin, sex, age or disability. | | | | | | |
| There is no discrimination in the course of the food service. | | | | | | |
| [INSTITUTION]uses current fiscal year income guidelines for determining eligibility for free, reduced price or paid rates of reimbursement for meals served to participants. | | | | | | |
| **PROCEDURES** | | | | | | |
| * The Director will ensure that current fiscal year guidelines will be used for determining eligibility for free, reduced-price or paid rates of reimbursement for meals served to participants. | | | | | | |
| * Participants will not be identified by reimbursement category or discriminated against during the course of the CACFP meal service, regardless of reimbursement category. | | | | | | |
| * Participants will be informed of the following process for filing a program complaint of discrimination:   Complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442; or email at program.intake@usda.gov. This institution is an equal opportunity provider. | | | | | | |
| * For Sponsors of Family Day Care Homes:   + There will be no identification of children in day care homes in which meals are reimbursed at both the tier I and tier II reimbursement rates.   + The Sponsoring Organizations will not make any free and reduced-price meal eligibility information concerning individuals available to day care homes.   + The Sponsoring Organization will limit the use of meal eligibility information to persons directly connected with the administration and enforcement of the Program. | | | | | | |
| **INSTITUTION INFORMATION** | | | | | | |
|  |  |  |  | | |  |
|  | (Print Name of Authorized Representative) |  | (Title of Authorized Representative) | | |  |
|  |  |  |  | | |  |
|  | (Signature of Authorized Representative) |  | (Date) | | |  |
|  |  |  |  | | |  |
|  | **Date(s) of annual policy review:** | | | | |  |

Reference: 7 CFR 226.23