



SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
Family Nutrition Programs
P.O. Box 1520
Columbia, SC 29202-1520

SCDSS NUTRITION ASSISTANCE PROGRAMS

The Child and Adult Care Food Program
The Summer Food Service Program
The Afterschool Snack Program
The Emergency Shelters Food Program
The Food Stamp Program
The Commodities Program

Our mission is to reduce hunger and food insecurity by ensuring access to food, a more healthful diet, and nutrition education for children and low-income families. Nutrition assistance programs build a strong foundation to help families eat better, learn better, and earn better.

For information about any of our programs, contact us at 1-800-768-5700 or visit our web site at:

www.healthyhelpings.org

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SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
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THE CHILD & ADULT CARE FOOD PROGRAM



IN ADULT CARE CENTERS

The South Carolina Department of Social Services provides funding through the USDA Child & Adult Care Food Program to help day care centers serve healthy meals to adults in their care.

GOALS

Encourage good eating habits that promote health and prevent disease.

Promote nutrition education.

QUALIFYING IS SIMPLE...

Any licensed non-residential adult care center may participate if the following requirements are met:

The center cares for aged (60 years or older) or functionally impaired adults.

The center is public or private non-profit.

The organization is a private for-profit organization and receives Title XIX or Title XX benefits for at least 25% of its enrollees.

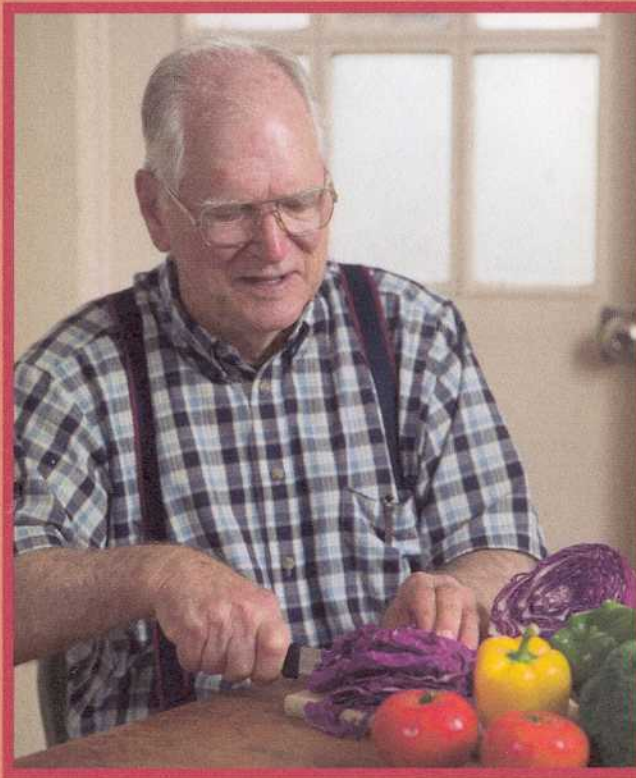


WHO IS ELIGIBLE FOR MEALS

Functionally impaired adults or adults age 60 and older enrolled in adult day care.

HEALTHY HELPINGS

You may be reimbursed for up to three (3) meals served to every adult present at your day care center each day. All CACFP meals must meet USDA nutrition requirements.



For more details, complete the information card, call us at 1-800-768-5700 or visit our web site at:

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Please complete and return if you want to learn more about how to participate as an adult day care center.

Name _____

Organization _____

Mailing Address _____

Phone No. _____ Fax No. _____

County _____ Email Address _____

Type of Organization (Check One)

Private Non-Profit _____ Private For-Profit _____ Public _____

