South Carolina Department of Social Services
Child and Adult Care Food Program
ETHNIC RACIAL FORM

Agreement No.: ____________________________

Name of Sponsor: _____________________________________________________________

Name of Center: _____________________________________________________________

A. Indicate the area(s) in the state you serve: ____________________________________

Identify the total population of potentially eligible persons to participate in your center: ____________________________________

(This information can be obtained from sources such as census track data, public school data, housing authority data, etc.)

Indicate your source of documentation: (This documentation must be maintained on file for review purposes.)

The total population data should be expressed in percentages:

Ethnicity:
Hispanic or Latino: _____ %  Not Hispanic or Latino: _____ %

Race:
American Indian or Alaskan Native: _____ %  Asian: _____ %  Black or African American: _____ %
Native Hawaiian or Other Pacific Islander: _____ %  White: _____ %

B. Total Center Enrollment: ____________________________

The center data should be expressed in actual numbers:

Ethnicity:
Hispanic or Latino: ______  Not Hispanic or Latino: ______

Race:
American Indian or Alaskan Native: ______  Asian: ______  Black or African American: ______
Native Hawaiian or Other Pacific Islander: ______  White: ______

C. Describe efforts to be used to assure that minority population have equal opportunity to participate. (The response should address the enrollment policy for the center.)

D. Describe efforts to contact minority and grassroots organization about the opportunity to participate in the program.

E. List the name(s) of other Federal agencies providing assistance to your organization. Also state if you have been in noncompliance by these Federal agencies. If the center does not receive Federal assistance from any other agency, please indicate N/A.