

**NC Department of Health and Human Services  
Women's and Children's Health  
Child and Adult Care Food Program**

**Free and Reduced Priced Policy Statement**

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Agreement Number)

All participants are served the same meals at no separate charge, regardless of race, color, national origin, sex, age or disability and there is no discrimination in the course of the food service.

Approved by: \_\_\_\_\_ on \_\_\_\_\_  
(Committee responsible for approving policies) (date)

Adopted by Board of Directors on: \_\_\_\_\_  
(date)

Signature of Board Chair  
or President of Organization: \_\_\_\_\_  
(Signature) (date)