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***Submit ONLY if your facility is a NEW sponsoring organization or your facility had policy changes.***

**FREE AND REDUCED-POLICY STATEMENT**

**CACFP Non-Pricing Programs**

(Centers which establish no separate charge for meal service)

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| --- | --- | --- |
| *Name of Institution:* |  | *Date:*  |

*The above-named institution has agreed to participate in the Child and Adult Care Food Program and accepts responsibility for claiming free and reduced-price meals to eligible participants in the facility under its jurisdiction, effective the date entered above.*

The institution assures the New Hampshire Department of Education that although there is no separately identified charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, all institutes agree:

1. To claim meal reimbursement only for eligible meals for which documentation is available.
2. To maintain on file for three years after the year to which they pertain, documentation to support individual income
 eligibility decisions.

C. To ensure no one shall be discriminated against because of race, sex, color, national origin, age or disability and
 there is no discrimination in the course of food service.

D. Provide the non-discrimination policy statement on all outreach materials. In addition, comply with all civil rights
 requirements.

E. To submit to the State Agency any alterations prior to implementation. Such changes will be effective only upon
 approval.

F. To publicly announce the availability of meals at no separate charge. The release shall also state that meals are

 available to all children regardless of race, color, national origin, age, sex or disability.

G. To ensure all participants are served the same meal at no separate charge.

H. To ensure that there will be no identification of children in day care homes in which meals are reimbursed at both
 the Tier I and Tier II rates.

I. To ensure that free and reduced-price eligibility information concerning individual households will not be made
 available to childcare providers and will otherwise limit the use of such information to persons directly connected
 with the administration and enforcement of the program.

J. To designate

|  |  |  |
| --- | --- | --- |
| *Name* |  | *Title* |

 to make determinations of eligibility for purposes of claiming meals for the provider’s own children. This official

 will use the criteria outlined in this policy to determine provider income eligibility.

K. To establish a procedure to account for all meals claimed.

|  |  |  |
| --- | --- | --- |
| *Signature of Institution Official* |  | *Date* |
| *Signature of BNPS Administrator* |  | *Date* |

Reviewed August 2023

Free & Reduced Policy Statement – Non Pricing

[USDA Nondiscrimination Statement | Food and Nutrition Service](https://urldefense.com/v3/__https%3A/www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs__;!!Oai6dtTQULp8Sw!QkRyajDmRUkECXL6LrycazcGSyIJtyEfNq-0vEBT1notxs2ftGSnWaDgqQo2P9Vci9DsU23UmDMWpcnfTeJdTzIL5gZyh1_L4rZ0$)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://urldefense.com/v3/__https%3A/www.usda.gov/sites/default/files/documents/USDA-OASCR%2A20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf__;JQ!!Oai6dtTQULp8Sw!QkRyajDmRUkECXL6LrycazcGSyIJtyEfNq-0vEBT1notxs2ftGSnWaDgqQo2P9Vci9DsU23UmDMWpcnfTeJdTzIL5gZyh1Ofy1jK$), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:** U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:**Program.Intake@usda.gov

This institution is an equal opportunity provider.