

South Carolina Department of Social Services
AT-RISK AFTERSCHOOL SNACK PROGRAM (ARASP)
POLICY STATEMENT

The _____ located at _____
(Sponsoring Organization/Institution) (Address)
agrees to participate in the At-Risk Afterschool Snack Program and accepts responsibility for providing Program benefits to students in the eligible sites under its jurisdiction.

The Sponsoring Organization/Institution assures the South Carolina Department of Social Services that there is no separately identified charge established for snacks and that it will uniformly implement the following policy:

1. All children attending the sites described on the application forms are served the same snacks at no separate charge regardless of race, color, gender, age, disability or national origin. There is no discrimination in admissions policy, meal service or the use of the facilities. Any complaints of discrimination will be submitted to the Secretary of Agriculture, Washington, DC 20250.
2. All snacks served to children will be reported on the claim form in accordance with the method and times prescribed in the Program Agreement.
3. The attached public release will be submitted to the media serving the areas from which the afterschool program(s) draws attendance announcing the availability of such snacks. The press release and all Program informational materials will contain the nondiscrimination statement and complaint procedure.

ATTACHMENT: The Public Release is considered a part of this Policy Statement and must be attached.

CERTIFICATION STATEMENT:

This is to certify that the authorized representative of the Sponsoring Organization/Institution indicated below has carefully read and understands the content of the Policy Statement and agrees it represents the operation of the At-Risk Afterschool Snack Program in its site(s).

SPONSORING ORGANIZATION/INSTITUTION:

Signature of Authorized Agency Representative

Name (printed or typed)

Title

Date Signed

Do not write below this line – for SCDSS use only.

STATE AGENCY

This Policy Statement is to be considered continuous, to be in effect beginning _____ and remain in effect until the State Agency or Sponsoring Organization terminates this Agreement or a new Agreement is issued due to substantive changes in the At-Risk Afterschool Snack Program.

Signature of State Agency Representative

Name (printed or typed)

Title

Date Signed