

South Carolina Department of Social Services
Child and Adult Care Food Program (CACFP)
DAY CARE HOME (DCH)
WITHDRAWAL/TERMINATION FORM

Sponsor's Name: _____

Agreement Number: _____

Please delete _____ from our roster effective _____, 20____.

The provider's statement of withdrawal and/or sponsor's reason for termination of the home is included.

_____ will be terminated from your roster by the Child and Adult Care Food Program (CACFP) staff effective _____, 20____.

Reason for Withdrawal/Termination: _____

Sponsor's Signature: _____ Date: _____

TO BE COMPLETED BY SC DSS CACFP STAFF

Effective Date: _____ Entered in Computer: _____

Signature: _____

INSTRUCTIONS FOR DSS FORM 1682

1. Complete sponsor's name and agreement number.
2. Place an "X" in the first box and insert name of provider to be deleted from roster and effective date of termination. Please note the effective date will be the last day of the month that the provider is eligible to claim reimbursement.
3. The second item is to be completed by SCDSS CACFP staff, if the termination is initiated by SCDSS CACFP staff. The original form will be forwarded to the sponsor and copies maintained in the SCDSS sponsor and provider files.
4. Insert the reason for withdrawal/termination. Attach copy of provider's statement of withdrawal, if applicable. If SCDSS CACFP staff initiates termination of provider, we will complete this section.
5. Sponsor's representative will sign and date form.
6. If this withdrawal/termination is initiated by the sponsor, the sponsor will send the white, canary and pink copies of the form to SCDSS CACFP staff and retain the gold copy for its files. SCDSS CACFP staff will complete the bottom portion of the form and return the pink copy to the sponsor.

If SCDSS CACFP staff initiates this withdrawal/termination, the pink copy of the form will be forwarded to the sponsor, the canary copy will be maintained in the SCDSS sponsor's file and the white copy in the provider's file.