

**CERTIFICATION REGARDING PARTICIPATION ELIGIBILITY
IN CHILD NUTRITION PROGRAMS**

I, _____ , certify that:
(print provider's name)

- (1) I have not been disqualified from participation in any Child Nutrition Program for violating the program's requirements, or

- (2) I have not been declared seriously deficient and terminated from the Child and Adult Care Food Program.

(signature of provider)

(date)

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).
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