

## Meal Pattern Waiver Documentation Form for COVID-19

Authorization Number: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_

Claim Month: \_\_\_\_\_

If you submitted the CCFP Waiver Request Form with number 3, 'Unable to meet other meal pattern requirements' checked off, you must use this form to document specific issues encountered regarding meeting meal pattern requirements due to COVID-19.

**If you are a multi-site contractor/sponsor, specify the names of sites for which the meal pattern documentation is applicable. Attach other sheets, if needed.**

**\_\_\_\_\_ 1. Unable to serve creditable milk (unflavored whole for age one, unflavored fat-free or low-fat for ages 2-5, unflavored or flavored fat-free or low-fat for ages 6 and up).**

Specify the date(s) that *creditable* milk was unavailable: \_\_\_\_\_

List grocery stores, food distributors, etc. used to buy food along with date(s) food was purchased:

\_\_\_\_\_

**\_\_\_\_\_ 2. Unable to meet the daily whole grain/whole grain-rich requirement.**

Specify the date(s) that a whole grain/whole grain-rich item was unavailable:

\_\_\_\_\_

List grocery stores, food distributors, etc. used to buy food along with date(s) food was purchased:

\_\_\_\_\_

**\_\_\_\_\_ 3. Unable to serve a creditable grain; served a non-creditable grain in its place.**

Specify the date(s) that a creditable grain item was not available:

\_\_\_\_\_

List grocery stores, food distributors, etc. used to buy food along with date(s) food was purchased:

\_\_\_\_\_

**\_\_\_\_\_ 4. Served combination food items without documentation such as a CN Label or Product Formulation Statement (PFS).**

Specify the date(s) that a CN label or PFS was unavailable:

\_\_\_\_\_

List grocery stores, food distributors, etc. used to buy food along with date(s) food was purchased:

\_\_\_\_\_

**\_\_\_\_\_ 5. Other**

List specific reason(s) not noted above, and the date(s) affected:

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*"I attest, to the best of my knowledge, every effort was made to meet the CCFP Meal Pattern requirements set forth by the USDA."*

Signature: \_\_\_\_\_

### **Directions:**

1. Submit this form for every month that meals were served that did not meet meal pattern requirements. Upon review, additional documentation may be requested.
2. Attach a copy of menu *served* for the respective month.
3. Return to: CCFPMMealPatternWaiver@flhealth.gov This waiver is effective March 25, 2020 and remains in effect until June 30, 2021 or until expiration of the federally declared public health emergency, whichever is earlier.
4. Use additional pages as needed.