

CCFP Waiver Request Form

Name of Emergency Event: _____ Date of Event: _____

Authorization Number: _____ Name of Contractor: _____

Use this form if your organization has experienced problems and would like to request a waiver that allows your organization to not follow certain Child Care Food Program requirements for a specific period of time or until condition is corrected. Sufficient reason is required for each request. We will let you know if your waiver request is approved and for what time period or if additional information is required.

If you are a multi-site contractor, specify the names of sites for which the waiver is requested. Attach other sheets, if needed.

____ 1. Unable to file claim(s) within 60 days of the end of the claim month (Attach paper claim for month(s) affected)

List reason(s) for requesting this flexibility:

____ 2. Unable to provide milk with meals due to milk unavailability for the specified period of time

Specify the month(s) and date(s) that milk was unavailable:

____ 3. Unable to meet other meal pattern requirements (excluding milk)

Specify the month(s) and date(s) that meals did not meet meal pattern requirements and include reasons meal items were not available:

____ 4. Catered sites – unable to get catered meals as usual, therefore purchased and served other foods. These site(s) had local health department approval to serve these meals

Specify the period of time requested:

____ 5. Unable to approve free and reduced-price meal applications and/or update enrollment roster **List reason(s) and time period requested for this flexibility:**

____ 6. Sponsors - unable to meet monitoring deadlines for new sites approved to start

List reason(s) and month(s) that you are requesting this flexibility:

____ 7. Other request(s) for waiver: _____

List reason(s) that you are requesting this flexibility:

Submitted by: _____

Date: _____

Title: _____

Return to:
Department of Health
Bureau of Child Care Food Programs
4052 Bald Cypress Way, Bin A-17
Tallahassee, FL 32399-1727
CCFPWaivers@flhealth.gov

Phone Number: _____

County: _____

Email: _____