

## 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 waiver:**

\_\_\_\_\_

\_\_\_\_ 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 waiver:**

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_ 7. Non-Congregate Meals (Grab-n-Go): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_ 8. Other request(s) for waiver: \_\_\_\_\_

**List reason(s) that you are requesting this waiver:**

\_\_\_\_\_

\_\_\_\_\_

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](mailto:CCFPWaivers@flhealth.gov)

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

County: \_\_\_\_\_