

# 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. Non-Congregate Meals (Grab-n-Go)

**List reason(s) and time requested for this waiver:**

\_\_\_\_\_

\_\_\_\_ 3. Meal Service Time (allows flexibility to adjust meal times to streamline operations)

**List reason(s) and time requested for this waiver:**

\_\_\_\_\_

\_\_\_\_ 4. Parent/Guardian Meal Pick-Up (allows sites approved for non-congregate to distribute meals to a parent or guardian to take home to eligible children)

**List reason(s) and time requested for this waiver:**

\_\_\_\_\_

\_\_\_\_ 5. Afterschool Meal Program – Educational or Enrichment Activity Requirements (allows children to receive afterschool meals and snacks without having to participate in an education or enrichment activity onsite)

**List reason(s) and time 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. Other request(s) for waiver (i.e. lost/destroyed records): \_\_\_\_\_

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

\_\_\_\_\_

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

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Return to:

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

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)

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