

SFA/School District: _____

LEA #: _____

Request for Waiver to Allow Meal Pattern Flexibility in National School Lunch and School Breakfast Programs Administered by the Child Nutrition Unit, DESE, ADE During Public Health Emergency Due to COVID-19 (Covid-19 CN Response #36)

To apply for Meal Pattern Flexibility, the district must have checked yes to opt into the waiver on the Schedule D.

This form is required for each specific meal pattern requirement that is requested to be waived. A separate form is required for each meal component requirement that is requested to be waived.

Return this form to CNU by email to ADE.CNU-A-PS@arkansas.gov

Documentation of correspondence that supports the SFAs justification must be submitted with the request for the waiver or the request will not be considered.

Submission of this form is not approval of the waiver. Waiver requests will be approved on a case by case basis per USDA guidance. Districts will receive approval/denial of request by email.

What is the specific meal pattern requirement (pick one) that is requested to be waived:

_____ Meat/Meat Alternate

_____ Vegetable or Vegetable Sub Group (specify which sub-group) _____

_____ Whole Grain Rich / Grain (specify which) _____

_____ Fruit

_____ Milk

Describe why the waiver request is necessary: _____

Describe what measures the district has taken to try to meet the meal pattern requirements: _____

Superintendent Signature

Date

This waiver is effective immediately upon approval and may remain in effect until June 30, 2021.

CNU Use Only: _____ Approved _____ Denied

_____ Initials of Reviewer _____ Date

SFA Notified: YES NO