

Meal Pattern Nationwide Waiver Form

1. Sponsor/Agreement #:
2. Date Requested for Meal Pattern Waiver:
3. For which program(s) is the waiver in effect (check all that apply)? <input type="checkbox"/> SFSP <input type="checkbox"/> NSLP/SSO <input type="checkbox"/> SBP <input type="checkbox"/> CACFP
4. For what site(s) is the waiver in effect?
5. For which food components is the waiver in effect? <i>Check all that apply to the State agency, effective date, CN Program types, and areas listed above. Please check only the specific subcategory if only the subcategory is in the waiver. That is, if only "Unflavored milk" is waived, please do not also check "Milk."</i> <input type="checkbox"/> Meats/Meat alternates <input type="checkbox"/> Yogurt that meets the limits on added sugar (CACFP only) <input type="checkbox"/> Vegetables (If specific vegetable subgroup(s) for NSLP/SBP, please specify) <input type="checkbox"/>Red/Orange (NSLP/SBP only) <input type="checkbox"/>Dark Green (NSLP/SBP only) <input type="checkbox"/>Legumes (NSLP/SBP only) <input type="checkbox"/>Starchy (NSLP/SBP only) <input type="checkbox"/>Other (NSLP/SBP only) <input type="checkbox"/> Fruits <input type="checkbox"/> Grains <input type="checkbox"/> Whole Grains <input type="checkbox"/> Cereal that meets the limits on added sugar (CACFP only) <input type="checkbox"/> Milk <input type="checkbox"/> Milk with the appropriate fat content for the age groups being served <input type="checkbox"/> Unflavored milk <input type="checkbox"/> Iron-fortified infant formula <input type="checkbox"/> <input style="width: 50px; height: 15px;" type="text"/> other

<p>6. What substitution will be used to meet the missing component (i.e. chocolate milk instead of 1% milk).</p>
<p>7. What reason prevents Site in the State from offering the meal component(s) identified in Question 5?</p> <p><input type="checkbox"/> Item(s) not available for purchase</p> <p><input type="checkbox"/> Purchased item(s) cannot be delivered</p> <p><input type="checkbox"/> Purchased item(s) cannot be delivered timely</p> <p><input type="checkbox"/> <input type="text"/> other</p>
<p>8. Please provide a brief explanation of how the Sponsor made efforts to obtain alternate food item(s) within the same component.</p>

Sponsor Signature: _____

Date: _____

HNP Approving Official (DHS/DCCECE/HNP ONLY)

Signature: _____

Date: _____

*All Meal Pattern Waivers will be reviewed, and approval will be granted if they meet waiver requirements. Reminder, you must have approval from the State Agency before you adjust meal pattern requirements under the Nationwide Waiver.