**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)?**
   - [ ] SFSP
   - [ ] NSLP/SSO
   - [ ] SBP
   - [ ] CACFP

4. **For what site(s) is the waiver in effect?**

5. **For which food components is the waiver in effect?**

   *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."*

   - [ ] Meats/Meat alternates
   - [ ] Yogurt that meets the limits on added sugar (CACFP only)
   - [ ] Vegetables (If specific vegetable subgroup(s) for NSLP/SBP, please specify)
     - [ ] ........Red/Orange (NSLP/SBP only)
     - [ ] ........Dark Green (NSLP/SBP only)
     - [ ] ........Legumes (NSLP/SBP only)
     - [ ] ........Starchy (NSLP/SBP only)
     - [ ] ........Other (NSLP/SBP only)
   - [ ] Fruits
   - [ ] Grains
   - [ ] Whole Grains
   - [ ] Cereal that meets the limits on added sugar (CACFP only)
   - [ ] Milk
   - [ ] Milk with the appropriate fat content for the age groups being served
   - [ ] Unflavored milk
   - [ ] Iron-fortified infant formula
   - [ ] Other
6. What substitution will be used to meet the missing component (i.e. chocolate milk instead of 1% milk).

7. What reason prevents Site in the State from offering the meal component(s) identified in Question 5?

- [ ] Item(s) not available for purchase
- [ ] Purchased item(s) cannot be delivered
- [ ] Purchased item(s) cannot be delivered timely
- [ ] Other

8. Please provide a brief explanation of how the Sponsor made efforts to obtain alternate food item(s) within the same component.

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.