

Meal Pattern Waiver Request Form Instructions

The Meal Pattern Waiver Request Form allows meal pattern flexibilities to support access to nutritious meals while minimizing potential exposure to COVID-19 during SY 2020-2021. The new Meal Pattern Waiver Request form has expanded its functionality to allow for the following requests:

- Meal pattern exceptions and changes under the following circumstances (refer to these instructions for more information):
 - Food component is unavailable due to supply disruption
 - Justified absence in adequate labor support due to unforeseen illness/quarantine of child nutrition staff member(s)
 - Shortage of planned packaging for the identified meal component
 - Lack of storage
- Age/grade waiver requests for NSLP and SSO operators
- Notification that NSLP/SBP CE intends to serve one type of milk at meal service

To submit a Meal Pattern Waiver Request Form, please navigate to the Waiver Gateway by clicking the link below. Once inside the gateway, place a check mark by the waiver request you wish to submit, then click "Submit". You will be redirected to the request form that you have selected.

[Click here to navigate to the Waiver Gateway](#)

For detailed instructions on each waiver, please navigate to the following pages:

- COVID-19 Child Nutrition Programs Meal Pattern Flexibility Intake Form (pgs. 2-7)
- Age/Grade Group Waiver for NSLP and SBP (pgs. 8-10)
- COVID-19 Milk Variety Notification Form (pgs. 11-12)



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Food and Nutrition Division
COVID-19

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COVID-19 Child Nutrition Programs Meal Pattern Flexibility Intake Form

This form should be used only after a CE has actively attempted to purchase the necessary items to comply with meal plan requirements. The form must not be used for anticipated shortages.

Please complete the intake form to utilize flexibilities provided by USDA related to meeting the meal pattern during COVID. This waiver applies to SBP, NSLP, SSO, SFSP and CACFP.

Program operators are expected to maintain and meet the nutrition standards for each program to the greatest extent possible but can utilize the form below to request flexibilities related to the meal pattern.

For more information regarding the Meal Pattern Waiver, please refer to the [Meal Pattern Flexibility Waiver Training](#).

Documentation of attempts to meet standard meal pattern requirements must be maintained such as official documentation from providers. For suggestions in offering meal component substitutions for unavailable items, as well as for examples of appropriate documentation, please refer to the [Meal Pattern Reference Guide](#).

Instructions for Meal Pattern Flexibility Form

To access the Meal Pattern Flexibility Intake Form, please navigate to the Waiver Gateway by clicking on the hyperlink above.

Once inside the gateway, check the “COVID-19 Child Nutrition Programs Meal Patter Flexibility” box, then click “Submit”.

CE Name - Enter the contracting entity name (as it appears in TX-UNPS) in the designated box

CE ID - Enter the five-digit CE ID number for the contracting entity in the designated box

Impacted Programs

Select the child nutrition program that needs the meal pattern flexibility, note that multiple programs may be selected.

- NSLP/SBP
- CACFP
- SSO
- SFSP

What meal pattern requirement cannot be met?

Select the meal pattern requirement that cannot meet at this time. Up to three options may be selected. If selecting milk, grains, vegetables, fruits, and/or meat/meat alternate, additional questions will populate.

- Milk
- Grain
- Vegetable
- Fruit
- Meat/Meat Alternate
- Yogurt that meets the limits on added sugar (CACFP only)
- Cereal that meets the limits on added sugar (CACFP only)
- Other

Please select the general reason why the milk meal pattern cannot be met? (check all that apply)

Select which aspect of the milk component of the meal pattern cannot be met:

- No milk available to serve
- Not able to offer milk with the appropriate fat content for the age groups being served
- Not able to offer unflavored milk

Then, select the meal pattern alternative for milk:

- Fat-free unflavored milk
- Fat-free flavored milk
- 1% unflavored milk
- Other: please specify an alternative

Please select the general reason why the grain meal pattern cannot be met (check all that apply)

Select which aspect of the grain component of the meal pattern cannot be met:

- No whole-grain rich products available to serve
- Not able to meet the whole grain rich requirement

Then, select the meal pattern alternative for grains:

- Provide non whole-grain rich item
- Enriched bread
- Other: please specify an alternative

Please select the general reason why the vegetable meal pattern cannot be met (check all that apply)

Select which aspect of the vegetable component of the meal pattern cannot be met.

- No vegetables available to serve
- Not able to meet sub group requirement – Red/orange vegetables
- Not able to meet sub group requirement – Dark green vegetables
- Not able to meet sub group requirement – Starchy vegetables
- Not able to meet sub group requirement – Beans/peas (legumes)
- Not able to meet sub group requirement – Other

Then, select the meal pattern alternative for vegetables:

- Serve vegetable from a different category
- Other: please specify an alternative

Please select the general reason why the fruit meal pattern cannot be met (check all that apply)

Select which aspect of the fruit component of the meal pattern cannot be met.

- No fruit available to serve
- Not able to meet the whole fruit requirement

Then, select the meal pattern alternative for fruit:

- 100% fruit juice
- Other: please specify an alternative

Please select the general reason why the meat/meat alternate meal pattern cannot be met (check all that apply)

Select which aspect of the meat/meat alternate component of the meal pattern cannot be met.

- No meat/meat alternate available to serve
- Not able to meet the minimum serving amounts

Then, select the meal pattern alternative for meat/meat alternate:

- Serve alternate item
- Other: please specify an alternative

These meal pattern requirements apply to CACFP only:

- Yogurt that meets the limits on added sugar
- Cereal that meets the limits on added sugar
- Iron-fortified infant formula

If selecting “Other” for a meal pattern requirement that cannot be met, please provide as much detail as possible.

What reason prevents the CE from offering the meal component(s) identified above? (check all that apply).

Select why the meal pattern requirements are not being met.

- Items not available for purchase (No product available to order)
- Purchased item(s) cannot be delivered (Not receiving products from food distributor)
- Purchased item(s) cannot be delivered in time (Not receiving products from food distributor in time)
- Lack of storage space (inventory is more than what can be stored)
- Lack of adequate staffing (COVID-19 related staffing shortage)
- Meal service container/packaging shortage
- Other: please provide additional details

Please provide a brief explanation of the efforts made by the CE to obtain alternate food item(s) within the same component checked off.

Provide any attempts such as borrowing from another district or talking to another food service vendor. Please remember to keep track of documents and emails pertaining to the meal component shortages.

Additionally, select an explanation of the efforts made to obtain alternate food items within the same component:

- Visited local grocery stores but unable to procure items due to unavailable product or limitations on purchase amounts
- Reached out to multiple vendors to procure items
- Vendor sent notification regarding temporary shortage
- Other: please provide an explanation

What menu service date(s) are impacted?

Enter dates below to reflect when meal pattern(s) requirements are not being met.

The date range entered on the Intake Form must align with a reasonable procurement cycle or delivery schedule. If in the next cycle that item or a different item is still unavailable, a new form must be submitted. Vendor communication indicating a longer period must be saved as documentation.

Start date – cannot be earlier than March 18, 2020

Select start date with calendar icon

Number of days for waiver

Enter the number of days needed for the waiver (can select up to 42 days)

Anticipated end date

End date will automatically populate based on start date and number of days requested for the waiver

Attestation Statement

By selecting True below, I attest that I am an Authorized Representative (AR) of the Contracting Entity (CE) and was approved as such prior to the submission of this request for COVID-19 Meal Pattern Flexibilities. Waivers will be denied if submitted by a non-Authorized Representative in TX-UNPS.

Attestation Statement *

- Check each of the following:
 - I am an Authorized Representative (AR) of the Contracting Entity (CE) listed on the “FND-101, CERTIFICATE of AUTHORITY for EXTERNAL USERS” or “FND-135, USER ACCESS MANAGER FORM” that has been approved by TDA prior to this submission of this waiver notification.
 - I certify that the CE has retained documentation related to the information submitted in this request for all meals served and claimed under this waiver. This includes, but is not limited to, food production records.
 - I understand that it is the CE’s RESPONSIBILITY TO IMPLEMENT THIS WAIVER IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS and that NON-COMPLIANCE MAY RESULT IN ADVERSE AND/OR FISCAL ACTION.
 - Only CE Staff may submit this form. A food service management company (FSMC) staff member cannot submit this form on behalf of the CE or attest to its accuracy.

Name of person attesting to the information on the form - Enter the name of the contact person for your CE (must be an authorized representative)

Contact Position/Role - Select the contact person’s role at the CE

- Superintendent
- Child Nutrition Director
- Administrator
- Dietitian
- Manager/Supervisor
- Authorized Individual
- Other

Authorized Representative Email - Enter the email address for the contact person. Please double check that it is spelled correctly to get the confirmation email.

Cc Email – This is not required but add an email of another contact, if needed.

Authorized Representative Phone Number - Enter the phone number for the contact person.

Please click “Submit”.

An email will be sent with a copy of the survey to the email(s) provided. TDA will respond within 1-2 business days to indicate approval or denial of the request.

Please check your spam folder for any communications regarding this form.

Meal Pattern Flexibility Waiver will be denied if submitted by a non-authorized representative in TX-UNPS.

Age/Grade Group Waiver for National School Lunch Program and Seamless Summer Option

Contracting entities (CEs) participating in the National School Lunch Program (NSLP) or the Seamless Summer Option (SSO) during School Year (SY) 2020-2021 that are experiencing challenges implementing the age/grade group requirements due to student safety and access concerns may apply to waive age/grade requirements at their sites. The waiver, if approved, will allow the CE to serve the portion size consistent with the most commonly served age/grade group at that site.

Instructions for the Milk Variety Flexibility Intake Form

1. To access the Age/Grade Group Waiver form, please navigate to the Waiver Gateway by clicking on the hyperlink above.
2. Once inside the gateway, check the “Age/Grade Group Meal Pattern Waiver for National School Lunch Program and Seamless Summer Option” box, then click “Submit”.
3. Read through the introductions and directions, then click “Next”.
4. Enter 5 digit Contracting Entity ID (CE ID) and Contracting Entity Name (CE Name) as they appear in TX-UNPS.
5. Select the program that your CE is operating (NSLP or SSO).

NSLP Instructions

A distribution site is a single, centralized location that serves students from one or more schools.

1. Enter the number of distribution sites that your CE will operate. You may enter up to 10 distribution sites per submission. If a CE needs to enter more than 10 distribution sites, additional Age/Grade Waiver forms will need to be submitted.
2. Once you indicate the number of distribution sites, new options will appear that will let you enter information for each distribution site, including:
 - Meal Service Start Date
 - Location of Distribution Site (physical address)
 - The main reason for requesting an age/grade group waiver:
 - Inability to complete meal service in a safe and timely manner while implementing social distancing protocols
 - Inability to reasonably predict the daily expected age/grade group meal attendance
 - Inability to reasonably identify the correct age/grade group
 - Other – Please contact square meals for assistance
 - Most Common age/grade group expected at this distribution site
 - A list of the schools (by site ID) that will receive meals from this distribution location:
 - Enter 4-digit school site ID and school site name (as they appear in TX-UNPS). To enter more school site locations, click the “+” button and enter site information.
 - To delete a submission, click the “x” button
 - **Please note submissions that contain the CE ID/name as the school site ID/name will be denied**
3. Once all distribution site information has been entered, click “Next”.

SSO Instructions

1. Enter SSO site information, including the following:
 - 4-digit site ID as it appears in TX-UNPS
 - Site Name as it appears in TX-UNPS
 - Meal Service Start Date
 - Most common age/grade group that will be served at this site
 - Reason site cannot meet age/grade group requirement
 - Inability to complete meal service in a safe and timely manner while implementing social distancing protocols
 - Inability to reasonably predict the daily expected age/grade group meal attendance
 - Inability to reasonably identify the correct age/grade group
 - Other – Please contact square meals for assistance
2. To add more SSO sites to the application, click the “+ Add Additional Sites” button.
3. Once all site information has been entered, click “Next”.

Authorization Signature

1. Confirm the date that the form was completed and signed by selecting the date from the calendar drop-down
2. Check that each of the following authorization statements is true:
 - **As the duly authorized representative of the Contracting Entity (CE) operating the National School Lunch Program (NSLP) or Seamless Summer Option (SSO) during School Year 2020-21, I do hereby attest that:**
 - The aforementioned CE is unable to serve the required portion sizes for multiple age/grade groups at the reported sites(s)
 - The required portion sizes for the most common age/grade group will be served at each site
 - This request assists the CE in providing access to nutritious meals
 - The request is intended to minimize exposure to COVID-19
3. Check that each of the following attestation statements is true:
 - I am an Authorized Representative (AR) of the Contracting Entity (CE) listed on the “FND-101, CERTIFICATE of AUTHORITY for EXTERNAL USERS” or “FND-135, USER ACCESS MANAGER FORM” that has been approved by TDA prior to this submission of this waiver notification.
 - I certify that the CE has retained documentation related to the information submitted in this request for all meals served and claimed under this waiver. This includes, but is not limited to, food production records.
 - I understand that it is the CE’s RESPONSIBILITY TO IMPLEMENT THIS WAIVER IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS and that NON-COMPLIANCE MAY RESULT IN ADVERSE AND/OR FISCAL ACTION.
 - Only CE Staff may submit this form. A food service management company (FSMC) staff member cannot submit this form on behalf of the CE or attest to its accuracy.

4. **Contracting Entity Authorized Representative** - Enter the name of the contact person for your CE (must be an authorized representative).
5. **Title of Authorized Representative** - Enter the job title of the contact person.
6. **Authorized Representative Email** - Enter the email address for the contact person. Please double check that it is spelled correctly to get the confirmation email.
7. **CC Email** - Cc email address to receive a copy of the approval/denial notifications (Cc email not required).
8. **Authorized Representative Phone Number** - Enter the phone number for the contact person (not required).
9. Please click "Submit".

An email will be sent with a copy of the survey to the email(s) provided. TDA will respond within 1-2 business days to indicate approval or denial of the request.

Please check your spam folder for any communications regarding this form.

Age/Grade Group waiver requests will be denied if submitted by a non-authorized representative in TX-UNPS.

COVID-19 Milk Variety Notification Form

On August 31, 2020, USDA issued COVID Child Nutrition Response #53, which waived the requirement to serve a variety of milk through December 31, 2020. CEs electing to provide only one choice of milk during meal service must notify TDA using the COVID-19 Milk Variety Notification Form.

Instructions for the COVID-19 Milk Variety Flexibility Intake Form

To access the COVID-19 Milk Variety Notification Form, please navigate to the Waiver Gateway by clicking on the hyperlink above.

Once inside the gateway, check the “COVID-19 Milk Variety Notification” box, then click “Submit”.

Do you plan on utilizing within your district the option to serve one choice of milk at meal service? – Please select yes.

Contracting Entity (CE) Name – enter CE name as it appears in TX-UNPS

CE Identification (ID) – CE ID as it appears in TX-UNPS

Select the impacted program (choose 1)

- NSLP/SBP
- SSO
- SFSP

Attestation Statements

Check that each of the following statements is true:

- I am an Authorized Representative (AR) of the Contracting Entity (CE) listed on the “FND-101, CERTIFICATE of AUTHORITY for EXTERNAL USERS” or “FND-135, USER ACCESS MANAGER FORM” that has been approved by TDA prior to this submission of this waiver notification.
- I certify that the CE has retained documentation related to the information submitted in this request for all meals served and claimed under this waiver. This includes, but is not limited to, food production records.
- I understand that it is the CE’s RESPONSIBILITY TO IMPLEMENT THIS WAIVER IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS and that NON-COMPLIANCE MAY RESULT IN ADVERSE AND/OR FISCAL ACTION.
- Only CE Staff may submit this form. A food service management company (FSMC) staff member cannot submit this form on behalf of the CE or attest to its accuracy.

Name of person attesting to the information on the form - Enter the name of the contact person for your CE (must be an authorized representative)

Title of Authorized Representative - Select the contact person's role at the CE. May only select one.

- Superintendent
- Child Nutrition Director
- Administrator
- Dietitian
- Manager/Supervisor
- Authorized Individual
- Other

Authorized Representative Email - Enter the email address for the contact person. Please double check that it is spelled correctly to get the confirmation email.

CC Email – This is not required but add an email of another contact, if needed.

Authorized Representative Phone Number - Enter the phone number for the contact person.

Please click "Submit".

A successful submission of this form indicating the CE will serve one choice of milk will be approved through December 31, 2020. Please keep the response email received after submission for your records.

Milk Variety Waiver will be denied if submitted by a non-authorized representative in TX-UNPS.