COVID-19 Meal Pattern Flexibilities 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 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.

Click Here to Complete Waiver Form
INSTRUCTIONS

CE Name - Enter the name of the contracting entity 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 program you are operating that needs the meal pattern flexibility. You may select multiple programs.
- NSLP/SBP – SY 2020-2021
- SSO – Summer 2020
- SFSP – Summer 2020
- CACFP

What meal pattern requirement cannot be met?
Select the meal pattern requirement that you cannot meet at this time. You may select more than one option.
- 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

If selecting milk, grains, vegetables or fruits, additional questions will populate.
If the milk meal pattern cannot be met, please select general reason why (check all that apply)

Select which aspect of the milk component of the meal pattern cannot be met.
- No milk available to serve (Providing meals without any milk)
- Serving multiple types of milk (Only serve one type of milk with meals)
- Serving the correct type (fat-free, low-fat, etc.) (Serving wrong type of fat content such as whole milk to 12 year old)
If the grain meal pattern cannot be met, please select general reason why (check all that apply).

Select which aspect of the grain component of the meal pattern cannot be met.
- No grains available to serve (Providing meals without any grains)
- Meeting whole grain rich requirement (Serving more enriched grains than allowable)

If the vegetable meal pattern cannot be met, please select general reason why (check all that apply).

Select which aspect of the vegetable component of the meal pattern cannot be met.
- No vegetables available to serve (Serving meals without any vegetable)
- Meeting sub-groups subgroup requirements, check all that apply (Serving meals during the week without the selected subgroup)
  - Red/orange
  - Dark green
  - Starchy
  - Beans/peas
  - Other

If the fruit meal pattern cannot be met, please select the general reason why (check all that apply).

Select which aspect of the fruit component of the meal pattern cannot be met.
- No fruit available to serve (Serving meals without any fruit)
- Serving types of fruit that do not meet the meal pattern (ex: fruit packed in syrup vs fruit juice)
- Meeting whole fruit requirements (Serving more fruit juice than allowable)

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 (Not receiving products from food distributor)
- 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)
Please provide a brief explanation of the efforts made by the CE to obtain alternate food item(s) within the same component.
Provide any attempts such as borrowing from another district or talking to another food service vendor.

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Provide any attempts such as borrowing from another district or talking to another food service provider.

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. The ending date entered will be the day before your next scheduled shopping trip or date of next food delivery. If in the next cycle that item or a different item is still unavailable, a new form must be submitted.

Start date – cannot be earlier than March 18, 2020
Select start date with calendar icon

Anticipated end date – cannot be later than the next food delivery or purchase date
Select end date with calendar icon

What meal pattern alternative does the CE plan to provide?

Provide what meal pattern alternatives you are serving such as serving a different vegetable component or serving more enriched grain products.

TDA will be following up for information on how the waiver was utilized. Identify a contact responsible for responding to all TDA follow up required in relation to COVID-19 meal operation.

CEs should track the number of meals served that do not meet the meal pattern and may be requested to provide this information to TDA.
**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.

**Attestation Statement * **

☐ True

**Contact Name** - Enter the name of the contact person for your CE.  
**Contact Position/Role** - Select the contact person’s role at the CE

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

**Contact Email** - Enter the email address for the contact person.  
**Contact Phone** - Enter the phone number for the contact person.