

SY 2020-2021 Meal Pattern Waiver Request for School Food Authorities

This form may be utilized to request waiver of the requirement(s) at 7 CFR 210.10(b) and (c) (National School Lunch Program), and/or 220.8(b) and (c) (School Breakfast Program), to serve meals that meet the meal pattern requirements. This waiver is effective upon approval, through June 30, 2021.

Requests must be **targeted and justified** based on plans to support access to nutritious meals while minimizing potential exposure to COVID-19 during SY 2020-2021. Waiver requests should be as limited in scope as possible to ensure children still have access to all vital nutrients.

For more information, please see the related PowerPoint on the MDE OCN Webpage

<https://www.mdek12.org/OCN>

SY 2020-2021 Meal Pattern Waiver Request for School Food Authorities

District/Organization Name: _____

Name/Title of Person Submitting Application: _____

Sodium Limits Breakfast _____ Lunch _____ Both _____

1. Barrier to Meeting Meal Pattern requirement

2. Plan to maintain standards to the greatest extent possible

3. How this waiver request/plan will minimize COVID-19 exposure

STATE AGENCY USE

Date Received: _____

Date Returned (if applicable): _____

Date Approved/Initials: _____

Date Denied/Initials: _____

Reason Denied:



SY 2020-2021 Meal Pattern Waiver Request for School Food Authorities

District/Organization Name: _____

Name/Title of Person Submitting Application: _____

Vegetable Subgroups Breakfast ____ Lunch ____ Both ____

1. Barrier to Meeting Meal Pattern requirement

2. Plan to maintain standards to the greatest extent possible

3. How this waiver request/plan will minimize COVID-19 exposure

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District/Organization Name: _____

Name/Title of Person Submitting Application: _____

Calorie Limits Breakfast _____ Lunch _____ Both _____

1. Barrier to Meeting Meal Pattern requirement

2. Plan to maintain standards to the greatest extent possible

3. How this waiver request/plan will minimize COVID-19 exposure

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District/Organization Name: _____

Name/Title of Person Submitting Application: _____

Milk Choices Breakfast _____ Lunch _____ Both _____

1. Barrier to Meeting Meal Pattern requirement

2. Plan to maintain standards to the greatest extent possible

3. How this waiver request/plan will minimize COVID-19 exposure

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District/Organization Name: _____

Name/Title of Person Submitting Application: _____

Other Breakfast _____ Lunch _____ Both _____

1. Barrier to Meeting Meal Pattern requirement

2. Plan to maintain standards to the greatest extent possible

3. How this waiver request/plan will minimize COVID-19 exposure

STATE AGENCY USE

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Date Approved/Initials: _____

Date Denied/Initials: _____

Reason Denied:

