

Application to Participate in Waiver to Allow Parents and Guardians to Pick Up Meals for Children During Unanticipated School Closures

SPONSOR: _____

Waiver Request Applies to: ALL SITES SELECTED SITES (list below)

List of Sites:

Provide a description of the Parent/Guardian Meal Pick-Up System and how it will ensure that:
1) Meals are only distributed to parents or guardians of eligible children
2) Duplicate meals are not distributed to any child

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By checking I acknowledge that information regarding the implementation of this waiver must be reported to the State Agency after the emergency feeding program ends. A template will be provided by the Office of Child Nutrition

Name of Authorized Sponsor Representative Submitting Form

Title of Authorized Sponsor Representative Submitting Form

Date Submitted

STATE AGENCY USE ONLY

Approved by

Date Approved: