

# Naitonal School Lunch Program COVID Waiver Request



## IMPORTANT: Authorized Representative for The Institution Must Sign This Waiver Request

Name of Institution: \_\_\_\_\_ Agreement #: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Person Submitting Request: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email to send questions/approval: \_\_\_\_\_  
 Expected Implementation Date: \_\_\_\_\_ Expected Conclusion Date: \_\_\_\_\_  
 (Must conclude by June 30, 2023)

This request is for National School Lunch Program (NSLP) and School Breakfast Program (SBP).

The COVID data tracker link,

[https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Arkansas&data-type=CommunityLevels&null=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Arkansas&data-type=CommunityLevels&null=CommunityLevels),

currently shows the majority of Arkansas to be in the red zone. As a result, these waivers are being made available statewide due to this current status of COVID cases in Arkansas. AR DHS will continue to monitor and re-evaluate this situation for Arkansas. If the results indicate the waivers are no longer needed due to COVID, additional communication will be provided for next steps regarding returning to normal operations.

To qualify for the waiver, the Institution must be in good standing and with no debt owed to AR DHS. Is your institution in good standing? \_\_\_\_\_

**Please submit this Waiver request to your Application Coordinator:** [Aurora.Blake@dhs.arkansas.gov](mailto:Aurora.Blake@dhs.arkansas.gov), [Louise.Fenton@dhs.arkansas.gov](mailto:Louise.Fenton@dhs.arkansas.gov), [Linda.F.Pippins@dhs.arkansas.gov](mailto:Linda.F.Pippins@dhs.arkansas.gov), [Sandra.West@dhs.arkansas.gov](mailto:Sandra.West@dhs.arkansas.gov), [Jerrod.Dorsey@dhs.arkansas.gov](mailto:Jerrod.Dorsey@dhs.arkansas.gov), [Robert.Majors@dhs.arkansas.gov](mailto:Robert.Majors@dhs.arkansas.gov).

**And please submit a public release with the information related to the waivers requested.**

To apply for the waiver at each site, please complete the information below and provide the request for each site (addresses, days, and meal service times for each site).

For additional sites, please scroll to page 4.

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Offer vs. Serve (NSLP only)	<input type="checkbox"/> Non-Congregate Meal Service
<input type="checkbox"/> Parent/Guardian Pick-Up	<input type="checkbox"/> Meal Service Times Waiver

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Offer vs. Serve (NSLP only)	<input type="checkbox"/> Non-Congregate Meal Service
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Parent/Guardian Pick up: Grab-n-Go

\_\_\_ By checking this box, I understand I must require parents picking up meals to complete and sign the parent attestation form.

\_\_\_ By checking this box, I have reviewed the following page related to compliance and integrity and ensure that I am responsible for compliance and integrity and provided the appropriate checked boxes for compliance/integrity.

\_\_\_\_\_  
Signature by Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For AR DHS/HNU Official Use Only**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature State Agency Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for denial:

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It is very important to maintain compliance and integrity during operations using COVID Waivers. Each institution is accountable to ensure meals are provided for program participants and accounted for with the following in mind –one meal per child per day for each meal type approved.

Check all that apply:

- Institution ensures that only one approved meal per type per day is served to each eligible participant or for parent pick up.
- Institution ensures documentation is maintained to ensure integrity and compliance through its records to include, but not limited to invoices, daily meal count forms, bank statements, general ledger, employee compensation records, mileage, check register, etc.
- Institution ensures all meals claimed for reimbursement meet the meal pattern.
- Institution ensures all site staff are trained to provide meals approved through this waiver.
- Institution ensures all site staff are trained and monitored to document meals served accurately at the point of service.
- Institution ensures all meals will be kept at a safe temperature until served, including transportation to meal site.
- Institution ensures safe food handling including sanitizing/washing of hands during meal prep and distribution.
- Institution ensures social distancing will be maintained as necessary depending on the waiver.
- Institution ensures each site maintains accountability and program integrity during parent pick up of meals.
- Institution ensures the meals provided are accurately documented for each site.
- Institution ensures social distancing during Parent or Guardian Pickup.
- Institution ensures maintenance of daily attendance records (where applicable), meal count records and documentation of meals provided.
- If the institutions or its sites are found to be out of compliance, it is understood the institution and appropriate staff will be held accountable.
- It is understood this waiver may be rescinded statewide if the COVID data tracker indicates Arkansas is no longer in the red zone.

By signing this form, I accept responsibility to ensure the institution is compliant and accountable for all aspects of the Child Nutrition Programs for which this waiver application is made.

\_\_\_\_\_  
Signature by Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# National School Lunch Program COVID Waiver Request



Additional Site Requests if needed:

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Offer vs. Serve (NSLP only)	<input type="checkbox"/> Non-Congregate Meal Service
<input type="checkbox"/> Parent/Guardian Pick-Up	<input type="checkbox"/> Meal Service Times Waiver

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Offer vs. Serve (NSLP only)	<input type="checkbox"/> Non-Congregate Meal Service
<input type="checkbox"/> Parent/Guardian Pick-Up	<input type="checkbox"/> Meal Service Times Waiver

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Offer vs. Serve (NSLP only)	<input type="checkbox"/> Non-Congregate Meal Service
<input type="checkbox"/> Parent/Guardian Pick-Up	<input type="checkbox"/> Meal Service Times Waiver

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___	
Meal Service Times: Breakfast _____ Lunch _____ PM Snack _____	
<b>***** SELECT WAIVER(S) *****</b>	
<input type="checkbox"/> Sponsoring Organization On-Site Monitoring Visits	<input type="checkbox"/> Non-Congregate Meal Service
<input type="checkbox"/> Parent/Guardian Pick-Up	<input type="checkbox"/> Meal Service Times Waiver

Site Name: _____	County of Site: _____
Site Address: _____	
Days of Meal Service: Sun ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___	
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<b>***** SELECT WAIVER(S) *****</b>	
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