

Attachment 1

WAIVER REQUEST

Schools participating in the national School Lunch and/or School Breakfast Programs may be closed following declaration of a public health emergency under section 319 of the Public Health Service Act due to an outbreak of the H1N1 virus. For children enrolled in those closed schools, reimbursable meals may be offered by schools and other eligible community organizations under a modified Summer Food Service Program (SFSP) or Seamless Summer Option (SSO), as set forth in Policy Memorandum SP) 31-2009, SFSP 05-2009. However, prior to offering these meals during an H1N1 emergency, the school or community organization must enter into a Memorandum of Understanding with NMPED and submit this, or a similar waiver to NMPED for approval.

1. Name of School or Community Organization requesting waiver

2. For purposes of providing meals to students during an H1N1 virus emergency closure, I am requesting waiver of:

_____ the requirement that meals be served and consumed in a congregate setting

_____ the requirement limiting the operation of the SFSP or SSO during an unexpected school closure during the school year to non-school sites

_____ an additional waiver described below (paragraph 8).

3. State at what point after the declaration of a public health emergency and school closure would meal service start:

4. Please specify what meal distribution method(s) you will use (e.g. delivery, pick-up, etc.) and how the program will be operated to target the children in the closed schools:

5. For closed schools with less than 50 percent free or reduced price enrollment, meal distribution methods must directly target the households of enrolled children who are eligible for free or reduced price meals. If this is your situation, please specify how the meal distribution will target low-income children, including children that may not have free or reduced price eligibility information readily available (i.e. children new to a school):

6. Please describe what methods you will use for notifying families of this program and communicating with families during this program:

7. Please describe how you will ensure the proper operation of the program including meal content, meal counts, food safety, oversight, etc. :

8. If you require an additional waiver other than those specifically mentioned in paragraph 2 above, please describe what operational requirement you are requesting to be waived and why waiver is necessary:

Signature

Date

Title