



Authorization #: D-154 Organization Name: Lutheran Services Florida
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**CHILD CARE FOOD PROGRAM
WAIVER REQUEST FOR PROVIDERS
Name of Emergency Event: _____**

Use this form if you have experienced problems and would like to request a waiver that allows you to not follow certain Child Care Food Program requirements for a specific time period or until the condition is corrected. Sufficient reason is required for each request. We will let you know if your waiver request is approved or if additional information is required.

- 1. Unable to provide milk with meals due to milk unavailability for the specified time period (month/year): _____

- 2. Unable to meet other meal pattern requirements (excluding milk). Specify the time period (month/year) that meals did not meet meal pattern requirements and include reasons meal items were not available: _____

- 3. Other request(s) for waiver: _____

Provider Last Name (Print): _____

First Name (Print): _____

Provider Signature: _____ **Today's Date:** _____

Return to:
MAIL:
LSF Child Care Food Program
3615 W. Waters Avenue
Tampa, FL 3361

EMAIL: ccfp@lsfnet.org

<i>For Staff Use Only:</i> Received by: _____ Date Received: _____
