

OFFICE OF NUTRITION PROGRAMS AND SERVICES

101 PLEASANT STREET

CONCORD, NH 03301

**SY 2021-2022 WAIVER REQUEST FORM FOR**

**WAIVER # 90**

**MEAL PATTERN FLEXIBILITY FOR NSLP/SBP/SSO**

**NAME OF SAU / ORGANIZATION: Click or tap here to enter text.**

**SAU / RA NUMBER: Click or tap here to enter text.**

**LIST OF SCHOOLS PARTICIPATING IN THE WAIVER: Click or tap here to enter text.**

**PLEASE NOTE: This waiver request may target the flexibilities for the following list of nutrients/ food components. Please check off the items below that apply to your food service operation that need the flexibility. You must provide justification for each flexibility checked off.**

[ ]  **Menus need not meet the dietary specification for SODIUM**

[ ]  **All GRAINS offered need not be whole grain rich**

[ ]  **Preschoolers need not to have at least 1 serving/day for all meals to be whole**

 **GRAIN rich**

[ ]  **Need not offer a variety of MILK (at least 2 different kinds)**

[ ]  **Menus and food components do not have to meet age/grade group requirements**

**WAIVER JUSTIFICATION: Click or tap here to enter text.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.**

**Superintendent’s Signature**

**Print Name: Click or tap here to enter text.**

**\*Please Use One Form, Per Waiver Request**

**Email pdf Format To:** **marty.b.davis@doe.nh.gov**