

MDE Office of Child Nutrition 2024 Summer Food Service Program (SFSP) and Seamless Summer Option (SSO) Non-Congregate Feeding Site Waiver Application

SFA Name: _____

Contact Person: _____ Title: _____

Phone Number: _____

Program Type: SFSP SSO

List of Sites Participating in Non-Congregate Waiver:

Site Name	Area Eligible	Rural	Meal Service Type(s)	SELECT ALL THAT APPLY				
				Grab & Go**	Curbside Pickup	Parent Pick Up*	Home / Bus Delivery*	Bulk Delivery

*Complete Page 4

**includes Grab&Go for community participants and take-home meals for summer school students

Attachments

- Food Safety Plan:** attach a copy of food safety instructions that will be distributed with every meal
- (if applicable) **Home/Bus Delivery** programs must attach copy of parent consent form
- (if applicable) **Bulk delivery** meal programs must attach plan approval from MSDH – not to exceed 5 days’ worth of meals.

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GENERAL REQUIREMENTS FOR ALL SITES

G. 1. What steps has the SFA taken to ensure that no congregate feeding programs are available in the service area and how will the SFA implement safeguards to prevent overlap between meal services (i.e. sites serving the same children on different days, weeks, or different meal services)?

G. 2. How will the SFA ensure duplicate meals are not being served?

G. 3. How will the SFA publicize the availability of non-congregate meals?

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CERTIFICATION STATEMENTS (initial each statement)

_____ I certify that all applicable staff will be trained on meal counting and claiming, how to avoid duplicate meals, food safety, meal pattern, and civil rights.

_____ I understand that serving and claiming second meals is not allowed for non-congregate meal service

_____ I certify that there are NO congregate meal programs available in my service area for the meal service types that I plan to provide. I certify that my children that reside in my service area are not and will not be served by a congregate meal service consistent with the requirement at 7 CFR 225.6(h)(1)(ii).

_____ I will implement safeguards to prevent overlap between meal services to reasonably ensure children are not receiving more than the maximum allowance of SFSP meals per day at 7 CFR 225.16(b)(3).

_____ I certify that all the information provided in this application is true and accurate to the best of my knowledge.

SFA Authorized Signatory: _____ **Title:** _____

Signature: _____ **Date:** _____

This Institution is an equal opportunity provider.

STATE AGENCY USE ONLY

Signature of Approving Official: _____ **Date :** _____ Approved Denied

Reasons for Denial:

- Not financially and administratively capable of operating a non-congregate meal service.
- Proposed one or more service areas already sufficiently served through a congregate meal service.
- Proposed one or more service areas that do not meet the requirements for non-congregate meal service.



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HOME / BUS DELIVERY (if applicable):

H. 1. Provide a description of how parents will opt in for delivery (*include parental consent form and collection mechanism – i.e. paper, electronic, email, mail, etc*)

_____ I certify that meals will not be delivered to households unless a signed parental consent form is on file with the district.

PARENT PICK UP (if applicable):

P. 1. Provide a description of how the SFA will ensure meals are only distributed to parents/guardians of eligible children.

_____ I certify that meals will not be distributed to parents/guardians unless the district has determined the number of eligible children in the household.

SFA Authorized Signatory: _____ **Title:** _____

Signature: _____ **Date:** _____

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STATE AGENCY USE ONLY

Signature of Approving Official: _____ **Date :** _____ Approved Denied

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