**Program Year 2022 Summer Food Service Program**

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**Waiver Request Form**

**Complete this form if you have any school(s) or site(s) that would like to request any of the waivers listed.**

The following statewide waivers apply to the Summer Food Service Program (SFSP). Please indicate which waivers your organization is applying for (check all that currently apply):

[ ]  Area Eligibility for Closed Enrolled Sites – May 1, 2002 through April 30, 2023

[ ]  First Week Site Visit – May 1, 2022 through April 30, 2023

[ ]  Meal Service Time Restrictions – May 1, 2022 through April 30, 2023

1. **Sponsor/SFA Name:**
2. **Name of school(s) or site(s) covered by waiver request:**

*(Complete a separate waiver request form for each different type of meal service method)*

1. **Time period of waiver request (start and end dates):**
2. **If applying to use the Area Eligibility for Closed Enrolled Sites waiver, please explain the reasons why the site(s) are Closed Enrolled (please give justification for each Closed Enrolled site):**
3. **If applying to use the First Week Site Visit waiver, the site(s) must have the same site supervisor and have had no monitoring issues in the previous program year. This waiver does not cover new sites. Please list the sites that will be using this waiver:**
4. **If applying for the Meal Service Time Restriction waiver, please choose the**

**type of meal(s) to be served:** [ ] **Breakfast** [ ] **Lunch** [ ] **Snack** [ ] **Supper**

1. **If applying for the meal Service Time Restriction waiver, please list the start and end time of each meal service (please list each site separately if the meal service times differ):**
2. **Please list the start and end date for SFSP operations at each site:**
3. **Describe the impact the waiver will have on meal service operations, children’s access to nutritious meals, and participation in the Summer Food Service Program (SFSP) and Seamless Summer Option (SSO):**
4. **Number of anticipated participants:**
5. **Number of anticipated meals to be served daily:**

**By signing below, you agree to submit to Hawaii Child Nutrition Programs a summary of the impact of this waiver within two weeks of the conclusion of the waiver request.**

**Signature:**

**Print Name:**

**Job Title:**

**Date:**

Submit the completed form to Daniel.Sutcharitkul@k12.hi.us

**HCNP will notify you if the waiver is approved or if additional information is needed.**

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**HCNP USE ONLY**

**Approved for the following waivers:**

[ ]  Area Eligibility for Closed Enrolled Sites [ ]  First Week Site Visit

[ ]  Meal Service Time Restrictions [ ]  **Not Approved**

**Signature: Date:**

**Comments:**