



Joint Waiver Application
 Child and Adult Care Food Program
 Karamu Nutrition Program 00340 / 12264

1. Karamu Provider Number: _____
2. Name of Child Care Facility: _____
3. Name of Child Care Owner/Director: _____
4. Address of Child Care Facility: _____

Non-Congregate Meals & Parent Pick-Up Waiver	Breakfast	Lunch	Supper	Snack
Non-Congregate Waiver: Put an "X" in the box for each meal type you are requesting to serve Non-congregate.				
For each meal type you are requesting to serve non-congregate, enter the total number of non-congregate meals you expect to serve daily.				
How will the non-congregate meals be distributed? Put an "X" in each box that applies.	Child Take-Out	Meal Drop-Off		
Parent Pick-up Waiver: If you applied for the non-congregate waiver are you also applying for the Parent Pick-up waiver to allow parents to pick up the non-congregate meals without the children having to be present? Yes_____ No_____				
If you answered YES, in the space provided below please describe the process you will use to maintain accountability and program integrity and ensure that meals are distributed only to parents or guardians of eligible children, and that you do not distribute more than 2 meals and 1 snack per child per day. The parent pick-up waiver is only available to facilities that are required to collect and maintain CACFP child enrollment applications.				

Meal Service Time Waiver	Breakfast	Lunch	Supper	Snack
Put an "X" in the box for each meal type you are requesting a waiver for meal service times.				

Meal Pattern Requirement Waiver (Milk Shortage)		If you are applying for the Meal Pattern Requirement Milk Shortage Waiver, in the space provided, enter the number of gallons of milk you attempted to purchase and the number of gallons you were actually able to purchase. If you attempted multiple purchases, please enter the information for up to three different purchase attempts.			
Date	Store/Vendor Name & Location	# Gallons of Milk Attempted to Purchase		# Gallons of Milk Actually Purchased <small>(Enter Zero ("0") if No Milk Was Available for Purchase)</small>	
		Whole	1% / Skim	Whole	1% / Skim

Meal Pattern Requirement Waiver (Food Shortage)	Meat / Meat Alternates	Vegetables	Fruits	Bread/Bread Alternates
If you are applying for the Meal Pattern Requirement Food Shortage waiver, put an X in the box to indicate which food groups you have been unable to purchase creditable food items.				
On what date did you attempt to purchase items from the selected food groups?				
From what store did you attempt to purchase these items?				
What specific food components (from each identified food group) did you try to purchase?				
Were other food components from the same food group available for purchase?	YES___ NO___	YES___ NO___	YES___ NO___	YES___ NO___
If you selected "YES" above, what other items did you purchase? If other items were available and you did not purchase them, please explain why.				
Use The Area Below If You Need Additional Space To Answer The Meal Pattern Requirement waiver questions				

As an authorized representative of the childcare facility, I will ensure that meals will only be served to enrolled participants in accordance with the rules and regulations of the CACFP with the exception of any waivers that I am approved to exercise.

KNP Number _____

Signature of Authorized Representative

Date

1. Enter your Karamu provider number.
2. Enter your child care center or family daycare home name as it appears on your childcare license. Enter N/A if you have no facility name.
3. Enter the name of the childcare owner or director.
4. Enter the address of your childcare facility.
5. Fill out the information required for the particular waiver(s) you are applying for.
6. The form must be signed and dated by the owner, director, or other authorized representative.
7. Submit the form to Karamu immediately for processing. Forms may be submitted by e-mail (karamu@karamu.org) or by fax to 901.327.8405.