

Connecticut State Department of Education (CSDE)

Request for Exemption for Low-fat Flavored Milk in School Meals

School Year 2017-18

Name of School Food Authority (SFA): _____ Agreement Number: _____

Address: _____

City: _____ State: CT Zip: _____

To qualify for an exemption, SFAs must demonstrate hardship by documenting a **reduction in student milk consumption** or an **increase in school milk waste**. Check (☑) all reasons below that apply and attach the required documentation.

E-mail this request to your CSDE school nutrition programs [technical assistance support consultant](#). Include “Request for Exemption for Low-fat Flavored Milk” in the e-mail subject line.

- A significant decrease in milk sales since implementation of the current meal patterns. *Attach supporting documentation that compares milk sales during school year 2012-13 (before flavored milk was required to be fat-free) with milk sales during school year 2016-17.*
- Declining milk sales despite offering alternative products and brands. *Attach supporting documentation that compares milk sales during school year 2012-13 with milk sales of alternative products and brands during school year 2016-17.*
- A food waste study indicating significant waste of fluid milk. *Attach results of food waste study.*
- Significant negative feedback from students and parents regarding lack of availability of low-fat flavored milk. *Attach documentation of negative feedback collected during school years 2013-14 through 2016-17.*
- Significant negative feedback from students regarding the palatability of fat-free flavored milk. *Attach documentation of negative feedback collected during school years 2013-14 through 2016-17.*

In accordance with the requirements specified in the United States Department of Agriculture’s (USDA) policy memo [SP 32-2017, School Meal Flexibilities for School Year 2017-2018](#), the above named SFA requests an exemption to serve low-fat flavored milk during school year 2017-18. If granted, the exemption applies only while the SFA can demonstrate a continued negative impact. The individuals signing below certify that all information on this form and attachments is accurate.

Signature of Food Service Director

Date

Signature of Authorized Signer

Date

STATE AGENCY USE ONLY	
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied	Comments: _____ Signature of CSDE CNP Staff
_____ Date	

This form is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/nslp/milkwaiver.pdf.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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