

## Waiver Request for Livestock Donations

<b>Aging Division Use Only</b>	<b>Approved:</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Initials:</b> <b>Date:</b>
Organization Name:		Date:
Contact Name:		

Please submit as appropriate to the Aging Division CLS Nutrition Program Manager.

Request for approval for a nutrition program to disregard record keeping of the meals that contain donated livestock if a nutrition program receives more than 1 donated livestock. Nutrition programs shall still comply with the following: documentation of all livestock and wild game donations must include the name of the donor, date of donation, and date and name of the plant where the animal was slaughtered and/or processed.

### Please complete the following:

County: \_\_\_\_\_

- Average number of livestock donated to the nutrition program:

o Congregate: \_\_\_\_\_

o Home Delivered: \_\_\_\_\_

- Please provide rationale for request:

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