North Carolina Department of Health and Human Services Division of Child and Family Well-Being, Community Nutrition Services Section



Waiver Request for Hurricane Helene Document Damage or Loss Report

Institution Name								Agreement #	
Facility Name:									
<u> </u>	Ad	ddress of Where Damage or Loss Occurred						County	
235 C. Triicie Dainage of 2000 Occurred									
Date(s) that Damage of Loss Occurred									
			Des	cription	of Dam	age or Loss			
Was the damage	Yes If "Yes" List all								
Multiple Month	s?	No	months effect	ted					
Month/Year									
Items Lost		Income Eligibility				Enrollment		Attendance	
		Applications				Forms		Documentation	
		Meal Count Sheets				Menus		Receipts and Invoices	5
	Training Documentation					Civil Rights		Programmatic	
	Other (Explain)								
Explain Damage									
or Loss									
Month/Year									
Items Lost	Income Eligibility					Enrollment		Attendance	
		Applications				Forms		Documentation	
		Meal Count Sheets				Menus		Receipts and Invoices	5
	Training Documentation					Civil Rights		Programmatic	
	Other (Explain)								
Explain Damage									
or Loss									
Month/Year									
Items Lost	Income Eligibility				Enrollment		Attendance		
		Applications				Forms		Documentation	
		Meal Count Sheets				Menus		Receipts and Invoices	\$
	Training Documentation					Civil Rights		Programmatic	
	Other (Explain)								
Explain Damage			·						
or Loss									
I certify the information listed within this document is true and correct.									
Print Name									
Signature							Date		

Add additional sheets as needed.