

Seamless Summer Option (SSO) Election Form for Summer 2022

This form should be used by School Food Authorities (SFAs) to serve SSO Summer 2022 meals at previously approved recipient agencies (RAs). To serve at other locations, complete and submit the SSO New Site Information Sheet for Summer 2022.

SFA Name: _____

SFA LEA Code: _____

Contact Name: _____

Contact Title: _____

Email: _____

Phone: _____

Instructions: Complete the chart indicating each RA that will be serving meals through SSO during Summer 2022:

RA Name	RA LEA Code	Site Type	Meal Service Start Date	Meal Service End Date	Meal Types <small>(may choose up to any 2 meals, except a combination of lunch & supper)</small>	Meal Service Times	Meal CAP	Waivers Elected	Will meals for multiple days be provided at one distribution?
		<input type="checkbox"/> Open <input type="checkbox"/> Closed			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper			<input type="checkbox"/> Non-Congregate Feeding <input type="checkbox"/> Parent/Guardian Pickup <input type="checkbox"/> Meal Service Time	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		<input type="checkbox"/> Open <input type="checkbox"/> Closed			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper			<input type="checkbox"/> Non-Congregate Feeding <input type="checkbox"/> Parent/Guardian Pickup <input type="checkbox"/> Meal Service Time	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		<input type="checkbox"/> Open <input type="checkbox"/> Closed			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper			<input type="checkbox"/> Non-Congregate Feeding <input type="checkbox"/> Parent/Guardian Pickup <input type="checkbox"/> Meal Service Time	<input type="checkbox"/> Yes* <input type="checkbox"/> No
		<input type="checkbox"/> Open <input type="checkbox"/> Closed			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper			<input type="checkbox"/> Non-Congregate Feeding <input type="checkbox"/> Parent/Guardian Pickup <input type="checkbox"/> Meal Service Time	<input type="checkbox"/> Yes* <input type="checkbox"/> No

		<input type="checkbox"/> Open <input type="checkbox"/> Closed			<input type="checkbox"/> Breakfast			<input type="checkbox"/> Non-Congregate Feeding	<input type="checkbox"/> Yes*
					<input type="checkbox"/> Lunch			<input type="checkbox"/> Parent/Guardian Pickup	<input type="checkbox"/> No
					<input type="checkbox"/> Snack			<input type="checkbox"/> Meal Service Time	
					<input type="checkbox"/> Supper				

*If serving meals for multiple days during one distribution, you must also complete the SFSP and SSO Bulk Meals Election Form

I CERTIFY this RA/site has the capability and facilities for the meal service planned for the number of children anticipated to be served; that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Authorized Official Name: _____

Authorized Official Title: _____

Authorized Official Signature: _____

Date: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.