# **SCHOOL AND COMMUNITY NUTRITION**

# **ONE-TIME EXCEPTION FORM & CORRECTIVE ACTION PLAN**

The Indiana Department of Education may grant a one-time exception for submitting a late claim when an exception has not been granted during the previous 36 months. To apply for a one-time exception, complete this form and email (preferred), fax, or mail it to:

**Email:** SCNFinance@doe.in.gov

**Fax:** 317-232-0855

**Address:** 115 W. Washington St.

South Tower, Suite 600

Indianapolis, IN 46204

Check the Program Needing an Exception:  NSLP  CACFP  SFSP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sponsor Name |  | Sponsor Number |  | Late Claim Month/Year |
|  |  |  |  |  |
| Authorized Representative Name | | |  | Title |
|  | | |  |  |
| Email | | |  | Phone |
|  | | |  |  |
| By signing, I certify that I understand that exceptions within an institution’s control can only be granted once every 36 months and future late claims will not be paid unless the institution has not been granted an exception within the previous 36 month period. | | | | |
| Signature | | |  | Date |
|  | | |  |  |
| Explain the reason for the late claim submission: | | | | |
|  | | | | |
| Describe the actions the institution will take to avoid submitting a late claim in the future: | | | | |
|  | | | | |