

EDWARDS-KNOX SUMMER FOOD SERVICE PROGRAM

(SFSP)

Parent/Guardian Consent for Home Meal Delivery

Program Sponsor: _____

Meal Delivery Period: _____

Child Information

Child Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child(ren): _____

Phone Number: _____

Email Address: _____

Delivery Address

Street Address: _____

City: _____ State: NY Zip: _____

Consent for Meal Delivery

I certify that I am the parent or legal guardian of the child(ren) listed above.

I request that meals be delivered to the address listed above through the Summer Food Service Program's Non-Congregate Meal Service.

I understand that:

- Meals are intended only for eligible children age 18 years of age and under.
- Meals provided through this program are free of charge.
- Meals are intended for consumption by the eligible child(ren) identified above.
- I am responsible for proper storage and handling of meals after delivery.
- I must notify the program if my address, household composition, or contact information changes.
- The sponsor may verify information to ensure compliance with Summer Food Service Program requirements.

Parent/Guardian Certification

I certify that the information provided on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Nondiscrimination Statement 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 Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: Form 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: Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
Fax: (833) 256-1665 or (202) 690-7442
Email: program.intake@usda.gov
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