



100 North First Street
Springfield, Illinois 62777-0001

HOME-DELIVERED MEAL REQUEST AND CONSENT FORM

SUMMER FOOD SERVICE PROGRAM

NAME OF PARENT(S)/GUARDIAN(S)

HOME DELIVERY ADDRESS (Include City, State, and ZIP Code)

CONTACT TELEPHONE (Include area code)

CONTACT EMAIL ADDRESS

Name(s) and ages of all children in the household:

NAME	AGE

Delivery Instructions: What time(s) of the day will you or your child(ren) be present to receive the meals delivered to your home?
There may be instances when food items (e.g., milk, produce) *may* require refrigeration.

Planned vacation time when service is not needed (optional):

Please indicate "Yes" or "No" to each of the following statements to help us provide meals that meet your needs:

NEEDS	YES	NO
I have access to water to wash and prepare food items.	<input type="checkbox"/>	<input type="checkbox"/>
I have access to kitchen tools used for cutting or chopping.	<input type="checkbox"/>	<input type="checkbox"/>
I have access to kitchen tools used to heat or cook food (e.g., pot, pans).	<input type="checkbox"/>	<input type="checkbox"/>
I have access to kitchen appliances for heating or cooking.	<input type="checkbox"/>	<input type="checkbox"/>
I or another adult will be available to help prepare food items, as needed.	<input type="checkbox"/>	<input type="checkbox"/>
Someone in the household can read and understand preparation instructions, as needed.	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your homes food storage capacity and your ability to store up to 10 days' worth of meals. (Refrigerator, freezer, ice box., etc.)

Does your child(ren) have any special dietary needs? YES ☐ NO ☐

If yes, please explain what those needs are and who they are for. If there is an allergy to certain foods, please list acceptable substitutions:

I certify that all the information on this form is true and correct. I consent to receiving meals delivered by the Summer Food Service Program to my home for the child(ren) listed above, of which I am the legal parent/guardian. I understand that the meals provided are for children 18 and under residing in this household and shall not be distributed to others.

Print Name

Digital or Original Signature

Date

For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following 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, audiotope, 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/ad-3027.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.