

# Non-Congregate Parent Consent Form

## Nutrition Department



Schools/nonprofit organizations providing non-congregate meals under the Summer Food Service Program (SFSP) have the option to provide meals through home delivery or parent pickup. Sponsors must obtain written consent from a child's parent or guardian to pick up meals on the child's behalf or receive home-delivered meals. Schools/nonprofit organizations must maintain accountability, program integrity, and household confidentiality.

A guardian is defined as being a legal guardian or someone who has a caregiver relationship with a child. Adults who are principally responsible for the care of the child on the day a meal is received, such as grandparents or other adults functioning as child care providers, are considered suitable guardians to collect meals on behalf of the children on days when they are providing care.

### PLEASE NOTE:

Child care providers who care for groups of unrelated children do not fall under the category of a "guardian" and **cannot** collect program meals on behalf of parents or guardians for children attending their child care facility or day care home. This includes sponsors or providers participating in the Child and Adult Care Food Program or other federally funded programs.

### Please complete the information and return the form to:

Name of SFSP Contact: \_\_\_\_\_

Name of School/Nonprofit Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Phone Number of SFSP Contact: \_\_\_\_\_

Email Address of SFSP Contact: \_\_\_\_\_

Parent or Guardian First and Last Name: \_\_\_\_\_

Address (street address, city/town): \_\_\_\_\_

Phone Number and Email Address (if applicable): \_\_\_\_\_

Meal Distribution Type Selection: ☐ Home Delivery ☐ Parent Pickup

List all children in the household who will receive a meal and their current age:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**The following individual is authorized to pick up meals on behalf of the family if the parent/guardian is unavailable:**

First and Last Name: \_\_\_\_\_

Address (street address, city/town): \_\_\_\_\_

Phone Number and Email Address (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SFSP Representative Signature

\_\_\_\_\_  
Date