

Non-Congregate Parent Consent Form

Nutrition Department



Schools/nonprofit organizations providing non-congregate meals under the Summer Food Service Program (SFSP)/Seamless Summer Option (SSO) have the option to provide meals through parent pickup.

PLEASE NOTE:

Children are encouraged to be present for pick-up, if possible. Sponsors must obtain written consent from a child's parent or guardian to pick up meals on the child's behalf. 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 direct caregiver relationship with a child. Persons who are principally responsible for the care of the child on the day a meal is received, such as grandparents or other individuals directly providing care to the child, are considered suitable caregivers to collect meals on the child's behalf of the children on days when they are providing care.

Caregivers are restricted to a single-family assignment unless a documented direct relationship exists between the families.

IMPORTANT:

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.



Program Requirements

In accordance with USDA Summer Food Service Program requirements, sponsors must ensure that meals are not duplicated. By participating, households agree not to receive meals for the same child from more than one SFSP site or sponsor for the same meal service on the same day, even if multiple meal sites are available in the area. Failure to follow this requirement may result in loss of program eligibility.

Please complete the information and return the form to:

Name of SFSP/SSO Contact: _____

Name of School/Nonprofit Organization: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number of SFSP/SSO Contact: _____

Email Address of SFSP/SSO Contact: _____

Children Participating (18 Years and Under)

List all children in the household who will receive meals:

Name and age: _____

Name and age: _____

Name and age: _____

Name and age: _____

Name and age: _____

Authorized Caregiver Attestation

I certify that the individual listed below has a direct caregiver relationship with my child(ren) and is responsible for their care on the day(s) meals are received. I authorize this individual to pick up SFSP/SSO meals on behalf of my child(ren) during those times.

Name: _____

Relationship to Child(ren): _____

Non-Duplication of Meals Attestation

I understand that multiple meal sites may operate in the area. I certify that each child listed on this form will receive only one meal per meal type (breakfast, lunch, supper, or snack) per day and will not receive duplicate meals from another Summer Food Service Program site or sponsor for the same day(s).

I understand that meals may be distributed for multiple days at one time and that this rule still applies for all days covered in the meal distribution. Failure to follow this requirement may result in loss of program eligibility.

Parent/Guardian Information and Signature

I certify that the information provided on this form is true and correct.

First and Last Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address (if applicable): _____

Signature: _____

Date: _____

For SFSP/SSO Representative Use Only

Verified ID of Caregiver: Yes No

SFSP/SSO Representative Signature: _____

Date: _____