



West Virginia DEPARTMENT OF
EDUCATION

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

List the name(s) and age(s) of all children in the household:

NAME	AGE

Some items may require refrigeration and/or minimal cooking/preparation.

Does your child(ren) have any special dietary needs? Yes ☐ No ☐

If yes, please explain what the special dietary needs are and the name of the child to whom it applies:

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By signing below, 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 ages 18 and under residing in this household and shall not be distributed to others. I understand that some items may require refrigeration and/or minimal cooking/heating, and I have the capacity to store items at the required temperature and follow cooking/heating instructions if necessary.

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Print Name	Digital or Original Signature	Date

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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

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