

# Summer Feeding for Students Consent Form

**OFFICE USE ONLY**

HH ID:

SCHOOL:

OTHER:

**PLEASE COMPLETE ONE FORM FOR ALL MEMBERS OF YOUR HOUSEHOLD!**

Yes, I would like to participate in the lottery for the Summer Feeding for Students.

Please answer the questions below. In addition, if any of the printed information about your household is incorrect, please cross it out and write the correct information next to it.

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian First/Last Name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_  
(If you do not have a Social Security # check this box )

Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY, STATE, ZIP

Check Best Phone Telephone Number Best Time to Call?  
 Home: \_\_\_\_\_  Day only  Evening only  Either  
 Cell: \_\_\_\_\_  Day only  Evening only  Either

Do we have permission to text program information to you?  Yes  No

Please list the following information for all the children in your household who are in PreK-12th grade.

FIRST NAME	LAST NAME	STUDENT ID#	SCHOOL	GRADE	HOMEROOM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**(Please use another page if you have more than 6 children)**

*I certify (promise) that all information on this consent form is true and that all household information is correctly reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose summer electronic benefits.*

If you have an email address please list it here? \_\_\_\_\_@\_\_\_\_\_

If we need to contact you, what language do you prefer we use?  English  Spanish  Other \_\_\_\_\_

**Please sign this document if you would like your family to be part of the lottery for the summer benefit.**

SIGNATURE of Parent/Guardian

DATE

**By signing this consent form**, you are giving permission for the information above to be shared with The Delaware Division of Social Services (DSS) and Abt. DSS and Abt. will also receive the following items from student records for each child: age, grade, gender, school attended, race/ethnicity, English language learner (ELL) status and school meal benefits. If you are picked for the Summer EBT card, Abt will get information about the use of the card. **PLEASE MAIL BY February 29, 2012 TO:**

**Data Service Center  
168 S Dupont Hwy  
New Castle, DE 19720-9942**