



Summer Food Assistance Request Form

Instructions: Complete this form to request summer food assistance for your student(s).

What to Expect:

One of our volunteers will be delivering nutritious meals to the address you listed above every Monday morning for ten weeks throughout the summer. A committee has been tasked with creating the menu, however we are unable to cater to your specific dietary needs. Please **inform** us if any special precautions are necessary for the delivery.

Household Information:

- Parent/Guardian Name: _____

- Physical Address (where food will be delivered):

- Parent Email: _____

- Parent Phone Number: _____

- Student Information (Name, Age, School attended during the 2023-24 school year)
 - Student 1: _____
 - Student 2: _____
 - Student 3: _____
 - Student 4: _____

Questions? Contact us! 603-520-0723 / gotlunchbelmontandfriends@gmail.com

Declaration:

I hereby affirm that the information provided above is true and accurate to the best of my knowledge. I understand that assistance is provided based on the availability of resources. I will promptly notify Got Lunch! Belmont & Friends if there are any changes in my circumstances.

Applicant's Signature: _____

Date: _____

Office Use Only:

Code _____

Precautions _____