Parent/Guardian Meal Pickup Form During COVID-19

HCPSS Food and Nutrition Services

Name of Parent/Guardian	Requesting	g Meal Pick I	Jp on their	Behalf:		
Number of Meals Request	ed:					
Meal Pickup Site: (Choose one)	Howard HS		Lake Elkhorn MS		Oakland Mills MS	
Meal Pickup Begin Date:						
Meal Pickup End Date:						
Meal Pickup Time: (Pickup window is between 11:30 a	m – 12:30 pm)				
Choice of Meal Pickup Day (Meal pickup may not be permitted		Mon n 2 days a week,	Tue except Friday	Wed pickup for week	Thu end meals.)	Fri
Name of Person Designated to Pickup Meals:						
Email or Phone Number of Designee:						
Name(s) of Children Receiv	ving Meals:	:				

Meal Pickup Form may be submitted to: brian_ralph@hcpss.org or rosalie_edwards@hcpss.org.

Notes:

- One (1) Meal Pickup Form per family only.
- One (1) person may not collect meals for more than four (4) other families
- Meal Pickup Form is due at least 3 days in advance of the requested meal pickup day.
- Meal pickup may not be permitted for more than 2 days a week, except Friday pickup for weekend meals.
- COVID-19 meal pickup services may be modified or suspended at any time, based on federal/state guidelines.