

**ABCAP Summer Food Program
406 W. Plum St.
Georgetown, OH 45121
937-378-6041, ext. 226**

Summer Rural Delivery Meals Program Enrollment Form

Free Summer Meals for Kids!

The Summer Rural Delivery Meals Program

This summer, Adams Brown Community Action Partnership (ABCAP), and some school districts within Adams and Brown counties are partnering to participate in the Summer Rural Delivery Meals Program. Participating children who meet the attached income requirements and live in Adams and Brown counties will be able to have free meals during the summer when school is not in regular session.

This program is made possible through the support of the Ohio Department of Job and Family Services and the Governor's Office of Faith-Based and Community Initiatives.

Please note that ABCAP has been awarded a limited number of boxes to distribute each week. Therefore, applications will be approved on a first come, first serve basis. Your child may have to be placed on a waiting list if all slots have been filled before their application is received.

Free Meals for Kids!

- Kids will receive lunch for five weekdays; breakfast, lunch and dinner for two weekend days, for 10 weeks, to consume at home. Each food box will contain one 32 oz. shelf-stable milk. All food in the box is shelf-stable.
- Meals will be delivered every week beginning the week of May 29, 2023 (no delivery on May 29, 2023; June 19, 2023; and July 4, 2023) and will be delivered for 10 weeks. Meals can be received by the child, parent/guardian, or another adult designated by the parent/guardian on the enrollment form (please leave a note on your enrollment form with the names of any other adults that have permission to receive the box on your behalf).

To enroll your child, fill out the enclosed form and return it to your school office as soon as possible, but no later than May 12, 2023.

If you have any questions, contact ABCAP Summer Rural Delivery Program at 937-378-6041, x. 226.

2023 Rural Delivery Meals Program Application

Please complete the questions below for the rural delivery meals program.

Name of Applicant:	Current Address:
Name of Child(ren):	
Telephone Number Where You Can Be Reached:	

1. Is your household income within 200% of the Federal Poverty Level? (see chart below for income guidelines)

Please circle the correct response:	Yes	No
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2. By signing this application, you are verifying that you have granted approval for your child(ren)'s participation in this program and verify that the above answers are correct.

Parent or Legal Custodian Signature

Date

Family Size	Federal Poverty Guidelines 200%*
1	\$2,430
2	\$3,287
3	\$4,143
4	\$5,000
5	\$5,857
6	\$6,713
7	\$7,570
8	\$8,427
9	\$9,283
10	\$10,140
11	\$10,997
12	\$11,853

*Monthly income must not exceed this amount based on family size (before taxes).

<p>For Staff Use:</p> <p style="text-align: center;">Application Approved Application Denied</p> <p>Name of Staff processing form:</p> <p>_____</p> <p>Date: _____</p>
