I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guardian/Parent), give consent to ***CDS Family & Behavioral Health Services Inc.***  to provide meal delivery services to my home. I understand that the household contact information may be shared with a third party food delivery vendor for meal delivery purposes only (including but not limited to Parent/Guardian name and address).



By signing electronically below you are authorizing the SNAP Team to share your contact information with a third party vendor for meal delivery.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent’s/Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent’s/Guardian’s Print/Type Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Witness-SNAP Staff

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