



Date: _____

Parent Consent Form

This form is for enrolling your child(ren) into the Happy Helpings program. Eligible minors 18 and under will receive 14 meals per week from June through the beginning of the 26-27 school year. Please confirm your address and phone before sending. Upon receipt, Open Hand will be in touch with you to confirm eligibility and set up your preferred delivery day.

Required Information:

Parent/Guardian Name: _____

Delivery Address: _____

City: _____ Zip Code: _____

County: _____ Telephone #: _____

Email Address: _____

No. of Children in home: _____ Receive Free or Reduced Lunch: Yes No

Age of Child 1: _____ Name of Child 1: _____

Age of Child 2: _____ Name of Child 2: _____

Age of Child 3: _____ Name of Child 3: _____

Age of Child 4: _____ Name of Child 4: _____

Age of Child 5: _____ Name of Child 5: _____

School Information:

School(s) Attended by children listed above: _____

I have read, understand, and consent to sharing the information provided to participate in the program. By signing, I understand that participation is voluntary and based on meeting the eligibility criteria defined by the USDA. You may choose to stop participating in the program at any time. Your name, contact information, and any child-specific information will be kept confidential and safely stored. If enrolled in this program, you may be asked to share additional information. Any additional information we request is also voluntary and confidential. The information you provide may be combined with responses from other participants and used to evaluate the program. Open Hand may share information about overall findings from this program but will never share personal information. You may contact Open Hand at 404-872-6947 if you have questions about this program.

Parent/Guardian Signature: _____ Date: _____

*Forms must be signed and dated to receive services. Digital signatures are not allowed.

Forms may be returned to Open Hand Client Services via fax at 770-234-3898 or by email to clientservices@openhandatlanta.org.

Please call Client Services at 404-872-6947 for any questions.