

Dear Parents/Guardians,

Ottumwa High School is offering a supply of nutritious food, free of charge, for students over weekends. Beginning the 2016-17 school year, bags of food will be distributed the last day of school every week. Any child enrolled at Ottumwa High School is eligible for the program, including middle school siblings.

Applications for the school pantry can be found in the Welcome Center at Ottumwa High School. All transfer students will have equal opportunity to apply for the school pantry program. Each approved student will receive a numbered bag to protect each his/her identity. OHS/AHFA staff/student volunteers will fill each bag with the appropriate amount of food. The student may pick up the bag on Fridays only.. Students/families can choose to quit or join the program at any time. In order to maintain weekly participation, students are responsible for returning his or her designated bag. In the case of a lost or stolen bag, students will receive a new bag the following week. Students will be responsible for reporting if the bag is lost or stolen. Therefore, OCSD and AHFA will not be liable if the items in the bag, or the bag itself, have in any way been tampered with, altered, or lost. It is the parent's responsibility to refrigerate, wash, handle, and store all food items properly. The school pantry will not limit the participation to low socio-economic status, due to unpredictability.

**Please report if your bag is lost or stolen as this program is first come, first serve. Once your bag has been reported missing, the bag will be replaced. Your child will not receive a replacement bag until the lost or stolen bag has been reported.**

If, at anytime, you wish to discontinue services or need to report a lost or stolen bag, contact Juanita Zavala at [Juanita.zavala@ottumwaschools.com](mailto:Juanita.zavala@ottumwaschools.com) or 641-683-4444 x 2527.

If you believe your child could benefit from this program, we encourage you to complete and submit the form below when your child registers for school. Only one form is needed for all of the children in your family. All of the information you provide will be kept confidential.

Completing this application does not guarantee your acceptance into the program. You will be contacted upon your approval or denial.

APPLICATION

I authorize my child to receive a numbered bag and food from the OHS School Pantry Program beginning the second week of the 2016-17 school year. OCSD and AHFA will not be liable if the items in the bag, or the bag itself, have in any way been tampered with, altered, or lost. I understand that it is the parent's responsibility to refrigerate, wash, handle, and store all food items properly. I also understand that my student's enrollment in this program is voluntary and confidential. I agree to inform the appointed persons in order to discontinue participation in the program. I also understand that this application does not guarantee my child's acceptance into the program.

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Please indicate if you currently receive any of the following services:

WIC \_\_\_\_\_ FIP \_\_\_\_\_ MCH \_\_\_\_\_ Low-Rent Housing \_\_\_\_\_ Food Assistance \_\_\_\_\_

Free and Reduced Lunch \_\_\_\_\_

Please indicate your household income: \$ \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_