School District Name

Return Applications to: [ADDRESS]

Please contact [NAME] at [Contact Info] with questions

Dear Parent or Guardian,

During your child(ren)’s quarantine for illness or possible COVID-19 exposure they are still eligible to receive school meals.

**[If providing meal pickup at school]**

You may pick up school meals at (LOCATION) on (DAYS OF THE WEEK) at (TIME).

Please use the link below to access our online form where you can sign up for COVID-19 Quarantine Meal Pickups. If you cannot access the online form (hyperlink), please call (PHONE #).

**[If providing meal delivery]**

We are delivering meals to students in quarantine.

Please use the link below to access our online form where you can sign up for COVID-19 Quarantine Meal Delivery. If you cannot access the online form (hyperlink), please call (PHONE #).

**[If partnering with Local Government, Food Bank or other Community Based Organization (CBO) to provide meals]**

We are partnering with (FOOD BANK/CBO) to provide meals for students in quarantine. To facilitate these meals, parent/guardian consent is required to share information with (ORGANIZATION).

Please use the link below to access our online form where you can provide consent for (SCHOOL DISTRICT) to share eligibility information with (ORGANIZATION).

If you cannot access the online form (hyperlink), please call (PHONE #).

**[If only providing state-wide resources]**

Food resources are available in our community for students in quarantine. The resources below will help you help you connect you with a food bank or other organization providing meals in your area.

**Statewide Resources**

* [Food LifeLine Food Map](https://foodlifeline.org/need-food/#foodmap)
* [Northwest Harvest Food Map](https://www.northwestharvest.org/our-work/hunger-response-network/)
* [WA 211](https://search.wa211.org/)

**Resources for those on the East-Side of the State**

* [2nd Harvest Food Map](https://2-harvest.org/food-near-me-wa/#foodmap)

Sincerely,

Name, Title

Contact Information

This document includes important information regarding food benefits for your child. If you need dietary accommodations for your child, additional assistance, or this information translated into another language at no cost to you please contact us at [insert phone number].

*This institution is an equal opportunity provider.*