



## Fort Cherry School District

110 Fort Cherry Road  
McDonald, PA 15057  
724.796.1551  
www.fortcherry.org

Dear Parents/Guardians,

We are happy to offer you the **Fort Cherry Helping Hands Program**. The district is collaborating with local providers to continue this program. Helping Hands is offered to families that are *Directly Certified* by the State (formerly those families that qualified for Free/Reduced Meals). To note, you will have received a letter from Sally Cowden, FC Food Service Director, if you are considered *Directly Certified* based on income.

Once a month, you will have the opportunity to pick up a box with food items for all of the children in your household under the age of 18. A schedule will be provided to the families who confirm their participation in the program. This is at NO COST to your family. We ask that all eligible families accept this monthly contribution and support this worthwhile program. The school district is proud to offer this initiative.

### To take part in “Helping Hands” this school year you:

- must be *Directly Certified* by Pennsylvania.
- must complete and return the ‘Opt-In’ form. (one per household only)
- must complete and return the ‘Permission to Share’ form. (one per household only)
- must be able to pick up food between **12:00 - 2:00 pm** at the High School door 27. A schedule of pick-up Wednesday dates will be provided.

If you choose to participate in the Fort Cherry Helping Hands Program, please complete the attached Opt-In form and Permission to Share form. Return these forms to **Brianne Eiler, Elementary Student Service Coordinator**. If you already take part in the Helping Hands program you do not need to complete this Opt-In again, but you **MUST** complete the Permission to Share form. If you wish to be removed from this program please call.

If you have any questions regarding the program, please contact **Brianne Eiler at 724-796-1551, ext. 2003** or email her at **beiler@fortcherry.org**.

Thank you, and we look forward to helping.

# Fort Cherry Helping Hands Opt-In Form

Please complete this form and return it to Mrs. Brianne Eiler at the Elementary Center.

**YES, I am interested in participating in the Fort Cherry Helping Hands Program.**

Please list all children living in the household and their ages:

\_\_\_\_\_  
(Name/Age)

\_\_\_\_\_  
(Name/Age)

\_\_\_\_\_  
(Name/Age)

\_\_\_\_\_  
(Name/Age)

\_\_\_\_\_  
(Name/Age)

\_\_\_\_\_  
(Name/Age)

Parent's/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

\*Phone Number \_\_\_\_\_

*\*We will add this number to an automated calling system to remind you of pick up dates/times.*

**Please list any designated adult(s) that may pick up the food for your family if you are unable to do so.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone Number)

**My family is not able to pick up the food at the school between 12:00 - 2:00 pm. This time is when I or a designated adult is available:**

\_\_\_\_\_