

APPLICATION FOR APPROVAL AS A HOMELESS MEAL PROVIDER

Name of Meal Provider

Number Street City County Zip Code

SAMPLE

I swear and affirm that:

- (a) this facility serves prepared meals to homeless persons, and
- (b) if the shelter stops serving meals that include food purchased by the meal provider, I will report it immediately to the Department of Public Welfare, Office of Income Maintenance, **ATTN:** Division of Federal Programs and Program Management, P.O. Box 2675, Harrisburg, PA 17105

Date

Signature

Title

This application for certification will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.