

# Celebrating the Senior Nutrition Program



Show off your program! Tell us how you're promoting nutrition, socialization, and well-being by sending this form to [healthpromotion@acl.hhs.gov](mailto:healthpromotion@acl.hhs.gov).

Organization/Center Name:

Address:

Activity Title:

Purpose of Activity (check all that apply):  Nutrition  Health/Wellness  Socialization

Activity can be conducted (check all that apply):

- Virtually
- With limited space
- Using little/no technology
- Other (please explain):

Number of staff needed:

Supplies needed (300 characters max.):

Preparation required (600 characters max.):

Instructions (1500 characters max.):

Specific goals and desired outcomes (300 characters max.)



Have a photo of this activity? Please submit that too! Note: For us to use the image, it must be high-resolution, and we must need a release (next page) for each person in the photo.



## PHOTO RELEASE FORM

Event/activity name:

Approximate date of event/activity (mm/dd/yyyy):

Location of event/activity:

I agree to allow the Administration for Community Living (ACL), its representatives, and employees to use my photograph and/or story in connection with its promotion of the Senior Nutrition Program and in other materials related to community living.

I authorize ACL to use and publish the same in print and/or by electronic means, with or without my name and for any lawful purpose, including publicity, illustration, advertising, and web content.

I understand my story and likeness will not be sold or used in ways not described by this release, and that I have the right to revoke the permission granted by this release at any time.

**Signature:** \_\_\_\_\_

**Printed name:**

**Email address:**

**Date (mm/dd/yyyy):**

*Signature of parent or guardian (if under age 18):* \_\_\_\_\_