

School District of Platteville

780 N Second Street
Platteville, WI 53818
Phone: (608)342-4027

03/08/2019

[REDACTED]
PLATTEVILLE, WI 53818

Dear [REDACTED]

We want to let you know that the child(ren) listed below are automatically eligible to receive free or reduced meals at school because they receive FoodShare, Wisconsin Works (W-2) cash benefits, Medicaid, Food Distribution on Indian Reservation (FDPIR), or based on their eligibility as a foster child. The child(ren) listed will automatically receive free or reduced meals through the remainder of the school year and up to the first 30 days of the next school year. **Please DO NOT fill out an application for free/reduced meals for these child(ren):**

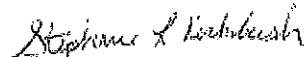
[REDACTED] FREE FUNDED

If there are other children in your household who aren't listed above, they may also automatically qualify for free or reduced meals. Free or reduced meal benefits are extended to children who are members of a household receiving FoodShare, W-2 cash benefits, Medicaid or FDPIR. However, free/reduced meal benefits **do not** automatically extend to children in households with a foster child (unless that household is also receiving FoodShare, W-2 cash benefits, Medicaid or FDPIR). Please provide the names of additional child(ren) who are members of a household that are not listed above and return this letter to the address listed below. We will update our records to indicate they qualify for free/reduced meals effective on the date this information is received. If you have more children to list than the space below allows, use the back of this letter to list them.

Names of Child	Name of School

REMINDER: Meal benefits apply only to the reimbursable meal. The reimbursable meal includes milk as one of the required components, and must be priced as a unit. If the student decides to take only milk, this is not a reimbursable meal and will be charged for the milk as an ala carte item. If you have additional questions, please feel free to contact Stephanie Kerkenbush, 780 N Second St., Platteville, WI 53818, Phone: 608-342-4025.

Sincerely,



Stephanie L. Kerkenbush

If you do not want your child to receive these meal benefits, please fill out, detach, and return the statement below to the address listed above.

Date: _____

I do not want my child(ren) _____ to receive free/reduced meals.

(name or names)

Signature of Parent/Guardian _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced price meals.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the