

School District of New Richmond

School Nutrition Program Information

2023-24



Promoting Healthy Habits for a Lifetime

SCHOOL FOOD NOTES

BOBBIE GUYETTE, MPH, RD, CD - SUPERVISOR OF SCHOOL NUTRITION



WELCOME BACK!

The School Nutrition Team is SO excited to welcome students back into our buildings for a new school year! We hope each one of our district families had a very enjoyable and healthy summer break. We have enjoyed seeing some of you during our summer meal program.



**NEW RICHMOND
SCHOOL NUTRITION**

POLICY GUIDES OUR PROGRAMS

Our meal programs are regulated by the federal government (USDA). USDA is moving forward with nutrition regulation updates that will be finalized in the near future. One key area of change is sugar reduction. Our department is proactively working toward compliance with anticipated guidelines. For example, we will not be serving chocolate milk at breakfast this coming school year.

Aside from serving summer meals, over the summer break we have focused on recipe testing and menu development. We are proud of the offerings we provide to our students, but are emphasizing student input and parent concerns moving forward. If you as a parent would like to be involved in what is served in our school meal programs please contact me!

FALL MENU HIGHLIGHTS LOCAL FOOD:

Local veggie variety

Grown by:
SOAR Farm Students



Local lettuce variety

Grown by:
OUR STAFF!!!
With our hydroponic growing systems!



Local apples

Grown by:
Nature's Select Orchard
Turtle Lake, WI



Local pork sausage

Grown by:
Utecht's Pork
New Richmond, WI



SUMMER 2023

WHO DO I CALL FOR THAT?

SCHOOL NUTRITION DEPARTMENT CONTACTS

Bobbie Guyette – Supervisor of School Nutrition

District Office Building

715-243-1714

bguyette@newrichmond.k12.wi.us

Becky Gann – High School Lead

715-243-1770

rgann@newrichmond.k12.wi.us

Carla Ninke – Middle School Lead

715-243-1619

cninke@newrichmond.k12.wi.us

Megan Walters – Hillside Elementary Lead

715-243-1467

mwalters@newrichmond.k12.wi.us

Deb Kunze – Paperjack Elementary Lead

715-243-1534

dkunze@newrichmond.k12.wi.us

Crissy Partridge – Starr Elementary Lead

715-243-1591

cpartridge@newrichmond.k12.wi.us

Kari Johnson – St. Mary School Lead

715-243-1715

kajohnson@newrichmond.k12.wi.us

NEW

NUTRITION SUPPORT

THE SCHOOL

NUTRITION

DEPARTMENT HAS

HIRED A NUTRITION

SUPPORT CONSULTANT

TO ASSIST US WITH

MENU DEVELOPMENT,

RECIPE TESTING, AND

SPECIALIZED DIET

PLANNING. ALL PARENT

COMMUNICATION

REGARDING MENUS,

INCLUDING SPECIAL

DIET NEEDS, WILL EXIST

THROUGH THE

SUPERVISOR OF

SCHOOL NUTRITION –

BOBBIE GUYETTE.

2023 – 2024 SCHOOL YEAR

Cost of Meals From Home



Cost of Meals From Home

Nutritional Quality

- ✓ Lunch meals packed from home are typically higher in sugar and provide fewer fruit and vegetable options.
- ✓ Breakfast meals at home usually don't include fresh fruit - OURS DO!
- ✓ Our foods do not include over 10 of the "worst for you" food additives.

Time Savings

- ✓ Save precious time when you don't prepare breakfast at home or pack lunches for school!

Financial Savings

- ✓ If you replicated our breakfast meals at home you would spend \$2.00 - \$4.00 on food items alone.
- ✓ Breakfast alone could save a family up to \$40.00 each month for one child!
Or \$360.00 each year!

More than just money! We've got you!

SCHOOL NUTRITION INFORMATION

MEAL PRICES 2023-2024

BREAKFAST:

	Paid	Reduced	Free
Elementary	\$1.40	\$0.00	\$0.00
Middle	\$1.60	\$0.00	\$0.00
High	\$1.70	\$0.00	\$0.00

LUNCH:

	Paid	Reduced	Free
Elementary	\$2.80	\$0.00	\$0.00
Middle	\$3.10	\$0.00	\$0.00
High	\$3.20	\$0.00	\$0.00

Special note to to students with elementary children: breakfast meals are no longer free of charge for all children. Note above pricing.

Needing financial help?

Families are encouraged to apply for meal benefits (free/reduced priced meals). The last page of this informational packet shares income guidelines for eligibility.

Meal applications are available in this packet in hard copy form (blue paper). Or you can search the school nutrition page of the district website to apply online.

We can help with more than just meals!!!

Families who qualify for meal benefits also receive waived fees for:

Field Trips

PE Uniforms

Athletics

Elementary Milk Break

(1 milk at snack)

Planners

Class Fees/First Day Fees

Locks for lockers

Club/Student Org Fees

**new this year!



Meal Accounts & How To Make Payments

Each student will have a meal account and an accompanying PIN. Parents/guardians of new students in the district will receive a personalised email with this information. Please help your students memorize their PINs for efficient lunch services.

- **Option 1 for Meal Payments: Online with MySchoolBucks**

- Visit MySchoolBucks.com on a computer to set up a new account.
- Utilize the smartphone app for future use.
- Per transaction fees are applied to your transaction.



- **Option 2 for Meal Payments: Cash or Check Payments**

- Place cash or check in an envelope with students name, school site, and PIN.
- Send envelope with student to turn in at the point of sale during meal service.

Negative Balance Policy In A Nutshell

Notifications of low balances and negative balances will be sent out via email and text message each week on Wednesday evenings. We will not allow ala carte purchases on negative accounts. It is the parent responsibility to keep meal accounts funded in a timely manner. Meal accounts with a negative balance of -\$40.00 or more are subject to collections.

Ala Carte Items

*Requires funds in meal account to purchase (**all students**, regardless of benefits)*

- SECOND ENTREE
- MILK W/ COLD LUNCH
- SNACKS
- BEVERAGES
- EXTRA SIDES

MENU

MealViewer

All menus are available online.

Pro Tip: Download the free MealViewer App for access to menus on your smart phone!

HAPPY KIDS BACKPACK PROGRAM AVAILABLE TO ALL STUDENTS



Dear Parent/Guardian:

Five Loaves Food Shelf, in cooperation with the School District of New Richmond, would like to offer a source of weekend food for families with students within the district and Head Start Programs.

THIS PROGRAM IS AVAILABLE TO ALL STUDENTS!

How It Works:

A bag, filled with staple food items such as cereal, canned goods, peanut butter, pasta, and/or vouchers for free food items from Kwik Trip. The bags and/or vouchers will be picked up by your school age child on Friday afternoons in the school health office. The backpack will be sent home sealed to ensure that the food arrives home unopened.

Elementary Students & 8th Grade Students (ONLY):

These students will be provided snacks for their scheduled snack time each day of the school year.

Confidentiality Is Important:

This is a confidential program. Student information will not be shared with Five Loaves Food Shelf.

Sign Up Required:

If you would like to participate in this program, please complete the form below. Return to Bobbie Guyette at the District Office drop box (837 E 11th St., New Richmond, WI 54017), or mail to 701 E 11th St., New Richmond, WI 54017 or have your child return to his/her teacher or to their school office.

*** It is very important that you list the number of household members. ***

Please detach and return permission slip ASAP. The first program pickup for this school year will be Friday, September 8, 2023. If you have questions, please call (715) 243-1714.

Sincerely,

Bobbie Guyette, MPH, RD, CD
Supervisor of School Nutrition

Yes! I want to participate in the FULL Happy Kids Backpack Program with a backpack and vouchers.

Yes! I ONLY want to participate in the Happy Kids Voucher Program.

Signature of Parent/Guardian: _____ Print: _____

Number in Household: _____

Student Name	Grade	School	Teacher

FORM TO BE SENT TO BOBBIE GUYETTE AT DISTRICT OFFICE BUILDING.

Public Release

PUBLIC RELEASE		
NATIONAL SCHOOL LUNCH AND BREAKFAST PROGRAMS, SPECIAL MILK PROGRAM		

The School District of New Richmond today announced its policy for children unable to pay the full price of meals served under the National School Lunch Program and School Breakfast Program or milk for split-session students served under the Special Milk Program. Each school office and the central office has a copy of the policy, which may be reviewed by any interested party. The following household size and income criteria will be used for determining eligibility. Children from families whose annual income is at or below the levels shown are eligible for free and reduced price meals or free milk if a split-session student does not have access to the school lunch or breakfast service.

FAMILY SIZE INCOME SCALE - For Determining Eligibility for Free and Reduced Price Meals or Milk

Family (Household) Size	<u>ANNUAL INCOME LEVEL</u>			<u>MONTHLY INCOME LEVEL</u>		
	<u>Free</u> <i>Must be at or below figure listed</i>	<u>Reduced Price</u> <i>Must be at or between figures listed</i>		<u>Free</u> <i>Must be at or below figure listed</i>	<u>Reduced Price</u> <i>Must be at or between figures listed</i>	
1	\$18,954	\$ 18,954.01	and \$26,973	\$ 1,580	\$1,580.01	and \$2,248
2	25,636	25,636.01	and 36,482	2,137	2,137.01	and 3,041
3	32,318	32,318.01	and 45,991	2,694	2,694.01	and 3,833
4	39,000	39,000.01	and 55,500	3,250	3,250.01	and 4,625
5	45,682	45,682.01	and 65,009	3,807	3,807.01	and 5,418
6	52,364	52,364.01	and 74,518	4,364	4,364.01	and 6,210
7	59,046	59,046.01	and 84,027	4,921	4,921.01	and 7,003
8	65,728	65,728.01	and 93,536	5,478	5,478.01	and 7,795
For each additional household member, add	+ 6,682	+ 6,682	and +9,509	+ 557	+ 557	and + 793

Application forms are being sent to all homes with a notice to parents or guardians. To apply for free or reduced price meals or free milk, households must fill out the application and return it to the school (unless notified at the start of the school year that children are eligible through direct certification). Additional copies are available at the office in each school. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year by agency or other program officials. Applications may be submitted at any time during the year.

To obtain free or reduced price meals or free milk for children in a household where one or more household members receive FoodShare, Food Distribution Program on Indian Reservations (FDPIR), or Wisconsin Works (W-2) cash benefits, list the FoodShare, FDPIR or W-2 case number, program name, list the names of all school children, sign the application, and return it to the school office.

For the school officials to determine eligibility for free or reduced price meals or free milk of households not receiving FoodShare, FDPIR or W-2 cash benefits, the household must provide the following information requested on the application: names of all household members, total number of household members, and the adult signing the application form must also list the last four digits of his or her Social Security Number or mark the box to the right of "Check if no SSN". Also, the income received by each household member must be provided by amount and source (wages, welfare, child support, etc.).

Under the provisions of the free and reduced price meal Bobbie Guyette, Supervisor of School Nutrition, will review applications and determine eligibility. If a parent or guardian is dissatisfied with the ruling of the official, he/she may wish to discuss the decision with the determining official on an informal basis. If the parent/guardian wishes to make a formal appeal, he/she may make a request either orally or in writing to: Kristoffer Brown, Director of Fiscal and Building Operations at kbrown@newrichmond.k12.wi.us or 715-243-7414. If a hearing is needed to appeal the decision, the policy contains an outline of the hearing procedure.

If a household member becomes unemployed or if the household size changes, the family should contact the school. Such changes may make the household eligible for reduced price meals or free meals or free milk if the household income falls at or below the levels shown above, and they may reapply at that time.

Children formally placed in foster care are also eligible for free meal benefits. Foster children may be certified as eligible without a household application. Households with foster children and non-foster children may choose to include the foster child as a household member, as well as any personal income available to the foster child, on the same application that includes their non-foster children.

The information provided by the household on the application is confidential. Public Law 103-448 limits the release of student free and reduced price school meal eligibility status to persons directly connected with the administration and enforcement of federal or state educational programs. Consent of the parent/guardian is needed for other purposes such as waiver of textbook fees.

Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- | | | |
|---|--|--|
| <p>1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or</p> | <p>2. fax:
(833) 256-1665 or (202) 690-7442; or</p> | <p>3. email:
Program.Intake@usda.gov</p> |
|---|--|--|

This institution is an equal opportunity provider.

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS FOR SCHOOL YEAR 2023-24

Dear Parent/Guardian:

Children need healthy meals to learn. The School District of New Richmond offers healthy meals every school day. Breakfast costs \$1.40 (elementary), \$1.60 (middle school), \$1.70 (high school) ; lunch costs \$2.80 (elementary), \$3.10 (middle school), \$3.20 (high school). Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.00 for breakfast and \$0.00 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from FoodShare, the Food Distribution Program on Indian Reservations (FDPIR), or W-2 cash benefits are eligible for free meals, when listed on the application.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may qualify to receive free or reduced price meals if your household's income is at or below the limits on the Federal Income Eligibility Guidelines.

Household size	Yearly (\$)	Monthly (\$)	Weekly (\$)
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
Each additional person:	9,509	793	183

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and have not been told your children will get free meals, please call or e-mail **Erica Bergman** at ebergmann@newrichmond.k12.wi.us or **715-243-1673**.
3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Bobbie Guyette; drop off at 837 E 11th Street, New Richmond, WI 54017 or mail to 701 E 11th Street, New Richmond, WI 54017.**
4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE OR REDUCED PRICE MEALS? Please read the letter you received carefully and follow the instructions. If your letter indicated you qualify for free meals, then no application is needed. If any children in your household were missing from your eligibility notification, contact **Bobbie Guyette** at bguyette@newrichmond.k12.wi.us or **715-243-1714** immediately. If your household was notified it qualified for reduced price meals, we encourage you to complete an application to potentially qualify for free meals based on household size and income.
5. DO I NEED TO FILL OUT AN APPLICATION IF MY CHILD ATTENDS A COMMUNITY ELIGIBILITY PROVISION (CEP) SCHOOL? If your child attends a school that participates in CEP, receipt of free breakfast and lunch meals does not depend on returning this application. However, this information is necessary for other programs and may be used to determine if your household is eligible for additional benefits.
6. CAN I APPLY ONLINE? Yes! You are encouraged to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit <https://www.newrichmond.k12.wi.us/families/free-reduced-meals.cfm> to apply online. Contact **Bobbie Guyette** at bguyette@newrichmond.k12.wi.us or **715-243-1714** if you have any questions about the application process.

Frequently Asked Questions - 2023-24

Continued

7. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through **October 12, 2023**, or when a new eligibility is determined. You must submit a new application unless the school told you that your child is eligible for the new school year. If you do not submit a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
8. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals, but it is based on income. Please submit an application.
9. MY CHILD(REN) QUALIFIES FOR BADGERCARE PLUS OR MEDICAID. CAN MY CHILD GET FREE MEALS? Children with BadgerCare Plus, Medicaid, or subsidized insurance may be eligible for free or reduced price meals, but it is based on household income and household size. Please submit an application to determine if your household qualifies.
10. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income.
11. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed or experience a financial hardship may become eligible for free and reduced price meals if the household income drops below the income limit.
12. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Kristoffer Brown** at kbrown@newrichmond.k12.wi.us or **715-243-7414**.
13. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
14. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
15. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
16. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include any combat pay resulting from deployment as income.
17. WHAT IF THERE IS NOT ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application.
18. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for FoodShare or other assistance benefits, contact your local assistance office or call 1-800-362-3002.

If you have other questions or need help, call 715-243-1714

Sincerely,



Application - 2023-24 Free and Reduced Priced School Meals

APPLY ONLINE: <https://www.myschoolapps.com/Home/PickDistrict>
RETURN TO (School/District Name): School District of New Richmond
ADDRESS: 837 E 11th Street, New Richmond, WI 54017

2023-24 Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil). In Community Eligibility Provision Schools (CEP), receipt of free meals does not depend on returning this application; however, this information is necessary for other programs.

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster/Child	Migrant	Runaway	Homeless
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: FoodShare (SNAP), W-2 Cash Benefits (TANF), or FDIPIR? Badgercare, Medicaid, Pandemic-EBT are not eligible.

NO → Go to STEP 3. YES → Write case number here and proceed to STEP 4. **PROGRAM NAME:** _____ **CASE NUMBER (NOT EBT NUMBER):** _____

Badgercare, Medicaid, Pandemic-EBT are not eligible. Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
 List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	How often received?			Earnings from Work	How often received?			Public Assistance, Child Support, Alimony	How often received?			Pensions, Retirement Social Security, SSI, VA Benefits, All Other	How often received?			
	Weekly	Every 2 Weeks	2x/Month		Monthly	Annual	Weekly		Every 2 Weeks	2x/Month	Monthly		Weekly	Every 2 Weeks	2x/Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required: Total Household Members (Children and Adults)

Required: Last Four Numbers of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member or Check Box if No SSN

Child Income: \$

Check Box if No SSN

How often received?
 Weekly Every 2 Weeks 2x/Month Monthly Annual

B. Child Income
 Sometimes children in the household earn or receive income. Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.
 Child Income: \$

Please see application's back for list of income sources.

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: _____ Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form:

Mailing Address (if available):

City: State: Zip:

Phone (optional):

Email (optional):

Today's Date:

Required: Signature of Adult

Return completed form to your child's school.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income		Examples of Income for Children
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses, tips, commissions Net income from self-employment (farm or business) 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
If you are in the U.S. Military: <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Pensions/Retirement/All other sources of income <ul style="list-style-type: none"> Social Security/Disability (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household 	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits A friend or extended family member regularly gives a child spending money A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) Not Hispanic or Latino

Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only. If all students listed on this application attend CEP schools, the processing of this application cannot be paid for by the nonprofit school food service account.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income	<input type="text"/>	Household size	<input type="text"/>	Categorical Eligibility	<input type="checkbox"/>	Eligibility	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied
Determining Official's Signature	<input type="text"/>	How often?	<input type="radio"/> Weekly <input type="radio"/> Every 2 Weeks <input type="radio"/> 2x/Month <input type="radio"/> Monthly <input type="radio"/> Annual	Confirming Official's Signature	<input type="text"/>	Verifying Official's Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>	Date	<input type="text"/>

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, check if no Social Security Number Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ae-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

Return completed form to your child's school.

This institution is an equal opportunity provider.



How To Apply for Free and Reduced Price School Meals

Please use these instructions to help you fill out the application for free and reduced price school meals. You only need to submit one application per household, **even if your children attend more than one school in the School District of New Richmond.**

The application must be filled out completely to determine the eligibility of your child(ren) for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Bobbie Guyette at bguyette@newrichmond.k12.wi.us or 715-243-1714.

Please use a pen (not a pencil) when filling out the application and do your best to print clearly.

Step 1: List <u>ALL</u> children, infants, and students up to and including grade 12		
<p>Tell us how many infants/toddlers, children not in school, and elementary/middle/high school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under AND are supported with the household's income; • In your care under a formal foster arrangement through a court or state/local agency, or qualify as homeless, migrant, or runaway youth; • Students attending (<u>regardless of age</u>) School District of New Richmond. 		
<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper (or a second application if completing electronically) with all required information for the additional children. This also applies to adults in Step 3. "MI" is short for middle initial. Print the first letter of each child's middle name in the box.</p>	<p>B) Is the child a student? If "Yes," write the grade level of the student in the "Grade" column to the right.</p> <p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing Step 1, go to Step 4.</p> <p>Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to Step 3. Note: Adopted children are not considered foster children. A foster child is a minor child who has been taken into state custody and placed with a state-licensed adult, who cares for the child in place of their parent or guardian.</p>	<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application. Homeless, Migrant, Runaway status must be confirmed with the appropriate program staff. If the school district cannot confirm your student's homeless, migrant, or runaway status, then the school district will contact you to complete an income-based application. You may choose to provide income information now in order to prevent the school district from potentially needing to contact you later.</p>

This institution is an equal opportunity provider.

Step 2: Do any household members currently participate in SNAP, TANF, or FDIPIR?

If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:

- The Supplemental Nutrition Assistance Program (SNAP) or FoodShare
- Temporary Assistance for Needy Families (TANF) or W-2 Cash Benefits
- The Food Distribution Program on Indian Reservations (FDPIR).

A) If no one in your household participates in any of the above listed programs:

- Check "No" in Step 2 and go to Step 3.

B) If anyone in your household participates in any of the above listed programs:

- Write a case number for SNAP, TANF, or FDIPIR. You only need to provide one case number. If you participate in one of these programs and do not know your case number, contact: <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>
- Go to Step 4.

Step 3: List ALL household members and income for each member

How do I report my income?

- Use the lists titled "Sources of Income" & "Examples of Income for Children," on the back side of the application form to determine if your household has income to report.
- Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received **before** taxes and deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. Report income earned by adults

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - Infants, children and students already listed in Step 1.

Step 3: List ALL household members and income for each member

1) List adult household members' names.

Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Include college students, unless they are declared independently on taxes (all college students are considered adults). Do not list any household members you listed in Step 1.

2) List earnings from work.

List all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income. Net income is your income after taxes and deductions have been subtracted.

- **What if I have multiple jobs?** List each job separately by entering your name and income from each job on a new line. Add an additional sheet of paper if necessary.
- **What if I am self-employed?** List income from your business as a net amount. This net amount is calculated by subtracting the total operating expenses of your business from its gross receipts (revenue). Gross receipts or revenue are all the income earned from the sale of any products or services offered.

If a child listed in **Step 1** has income, follow the instructions in **Step 3, Part B.**

3) List income from public assistance/child support/alimony.

List all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

4) List income from pensions/retirement/all other income.

List all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

- **What if I receive income from multiple sources in this category?** List each source separately by entering your name and income from each source on a new line. Add an additional sheet of paper if necessary.

5) List total household size.

Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number **MUST** be equal to the number of household members listed in **Step 1** and **Step 3**. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

6) Provide the last four digits of your Social Security Number.

An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no Social Security Number."

3.B List income earned by children

List all income earned or received by children.

List the combined gross income for ALL children listed in **Step 1** in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

- **What is Child Income?** Child income is money received from outside your household that is paid **DIRECTLY** to your children. Many households do not have any child income.

How to Apply for Free & Reduced Priced School Meals

Step 4: Contact information and adult signature

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the statements on the back of the application.

<p>A) Provide your contact information. Write your current mailing address in the fields provided, if this information is available. If you have no permanent address, that is okay. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.</p>	<p>B) Print and sign your name and write today's date. Print the name of the adult signing the application and that person signs in the box "Signature of adult."</p>	<p>C) Mail completed application to: School District of New Richmond Attn: Bobbie Guyette 701 E 11th Street New Richmond, WI 54017</p>
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Optional

Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

Please return the application directly to your child's SCHOOL. DO NOT mail, fax, or email completed applications or questions about applications to the USDA Office of the Assistant Secretary for Civil Rights or your child's eligibility for free or reduced-price meals will be delayed.

Children with Disabilities and Special Dietary Restrictions

CHILDREN WITH DISABILITIES AND SPECIAL DIETARY RESTRICTIONS

Wisconsin Department of Public Instruction

PI-6314 (New 06-22)

A. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, “a person with a disability” means any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please refer to these Acts for more information at <https://www.eeoc.gov/statutes/rehabilitation-act-1973> and <http://www.eeoc.gov/laws/statutes/adaaa.cfm>, respectively.

B. Individuals with Disabilities Education Act

A child with a “disability” under Part B of the Individuals with Disabilities Education Act (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The IDEA can be found in its entirety at <https://sites.ed.gov/idea/statuteregulations>.

The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to make sure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan contain the same information that is required on a medical statement, then it is not necessary to get a separate medical statement from a state authorized medical authority.

C. State Authorized Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations 7 CFR Part 15b require substitutions or modifications in school meals for children whose disabilities restrict their diets. School food authorities must provide modifications for children with disabilities on a case-by-case basis when requests are supported by a written statement from a state authorized medical authority.

The state authorized medical authority's statement must identify:

- an explanation of how the child's physical or mental impairment restricts the child's diet
- the food(s) to be avoided
- the food(s) that must be substituted

The second page of this document (“Medical Statement for Special Dietary Needs”) may be used to obtain the required information from the state authorized medical authority.

Per USDA memo SP 32-2015, a state recognized medical authority is a state licensed health care professional who is authorized to write medical prescriptions under state law. This could include a physician, dentist, optometrist, podiatrist, physician assistant, or nurse practitioner. If the documentation to support a dietary accommodation has not been signed by one of these practitioners, the school is not required to accommodate the request (unless information about the dietary accommodation is included within the IEP or 504 plan, as mentioned above in Section B.)

D. Substitutions Within the Meal Pattern

It is strongly recommended, though not required, that schools have documentation on file from any medical authority for students with dietary needs for whom they are making menu modifications within the meal pattern. Such determinations are only made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements.

Medical Statement For Special Dietary Needs



Wisconsin Department of Public Instruction
**MEDICAL STATEMENT FOR SPECIAL
 DIETARY NEEDS**
 PI-6314 (New 06-22)

INSTRUCTIONS: Please read page one before completing this form.

I. GENERAL INFORMATION				
Student's Name	Age	Name of School	Student's PIN / ID Number	Grade
II. ACCOMODATIONS				

1. How does the child's physical or mental impairment restrict his or her diet?

2. What food(s)/type(s) of food should be omitted? Please be specific.

3. List foods to be substituted. (Avoid specific brand names, if possible.)

4. Additional comments:

III. SIGNATURES		
Parent or Legal Guardian's Name	Relationship	Phone Number
Signature of Parent or Legal Guardian ➤		Date Signed
Authorized Medical Authority's Name	Title <input type="checkbox"/> Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> Podiatrist <input type="checkbox"/> Physician Assistant	Phone Number
Signature of Authorized Medical Authority ➤		Date Signed

Milk Substitution at School

Milk Substitution at School – *School District of New Richmond*

Bobbie Guyette, MPH, RD, CD

Supervisor of School Nutrition

701 East 11th Street

New Richmond, WI 54017

(O): 715-243-1714

bguyette@newrichmond.k12.wi.us

We require parents to provide this form for children with milk substitution needs.

Student Name _____

Parent Name _____

Date _____

School _____

Phone _____

Check all that apply:

- No fluid milk (without substitution)
- Substitute Ripple® Milk – Vanilla (Dairy-Free, Soy-Free)
- Substitute Ripple® Milk – Chocolate (Dairy-Free, Soy-Free)
- Substitute Ripple® Milk AND omit dairy foods from menu
**requires "special dietary request" form signed by child's physician or licensed medical practitioner*

Parent Signature: _____

Date: _____

Due to the increased number of milk substitution requests, New Richmond School Nutrition will only be offering Ripple® Milk as the substitute. Lactose-free milk and soy milk will not be available. Ripple® Milk is a plant-based milk formulated with pea protein and contains levels of protein, calcium, and vitamin D to match nutritional value of dairy milk. Ripple® Milk is free from dairy, lactose, soy, and nuts.

Return this form to the District Office – Attn: Bobbie Guyette

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