# Notice to Households

# JOINT CUSTODY - SCHOOL meal BEnefits

Dear Parent/Guardian:

This letter is to advise you that the child(ren) listed below have been determined eligible to receive **[select free or reduced price]** meals at school. Since your child(ren) reside in more than one household, the child(ren) may receive the greatest benefit level. Your child(ren) will receive meal/milk benefits through the remainder of this school year and up to the first 30 operating days of the next school year.

| Name of Child | Name of School |
| --- | --- |
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If you do not want your child(ren) to receive these benefits, please return the lower portion of this letter with your signature to the name listed below.

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 a la carte item.

**Summer EBT:** Ifyour child(ren) qualify for free or reduced price meals this school year, they are also eligible to receive Summer EBT benefits for this upcoming summer. Summer EBT provides funds for each eligible child to help with costs of food during the summer months. To learn more about this program, to update your contact information, or to opt out of receiving these benefits visit [Summer EBT Benefit Management](https://schoolpebt.wi.gov/s/SummerBenefitInfo).  *https://schoolpebt.wi.gov/s/SummerBenefitInfo*

If you have any additional questions, please feel free to contact **[enter the Determining Official’s information]:**

**[name]**

**[mailing address]**

**[phone number]**

**[email address]**

Sincerely,

**[signature]**

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Attention: **[enter the Determining Official]**

Notice to decline school meal/milk benefits from the Parent/Guardian:

For the time period that the child(ren) reside in my household, I decline the school meal/milk benefit. I understand that I may reinstate these benefits anytime by contacting the school official for the remainder of the current school year.

I do not want my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive free meals.

 (Child(ren)’s Name)

Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:

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
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

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