

# *School District of Bruce*

**104 W. Washington Ave., Bruce, WI 54819**

Central Office: 715/868-2585 District Office: 715/868-2533 Auto Attendant: 715/868-2598 FAX: 715/868-2534

Dear Parent or Guardian:

We are pleased to inform you that **the Bruce School District** will be implementing the Community Eligibility Provision (CEP) while participating in the National School Lunch and School Breakfast Programs for School Year **2025-2026**.

## **What does this mean for you and your children attending the Bruce School?**

Great news! **All** enrolled students of **Bruce Public School** are eligible to receive a healthy breakfast and lunch at school at **no charge** to your household each day of the school year. Your child (ren) will be able to participate in these meal programs without having to pay a fee or submit a meal application.

*\*The district will still request applications from households with a student participating in the CEP; however, receipt of free breakfast/ lunch meals does not depend on returning it. Completing the application is still necessary for other programs and may be used to determine if your household is eligible for these additional benefits.*

If we can be of any further assistance, please contact us at **Bruce Public School, 104 W. Washington Ave., Bruce, WI 54819**. You may also call **Anthony Bosco, District Administrator**, at **715-868-2585 ext. 227**.

Sincerely,

Anthony Bosco

District Administrator

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

***Vision: We envision providing our students with all available resources to reach their full potential.***

***Mission: We cultivate a community of life-long learners.***

## 2025-26 Alternate Household Income Form

Complete one form per household.

Your school participates in the Community Eligibility Provision, which means all students qualify for free meals. However, to determine eligibility to receive additional benefits beyond free meals for your child(ren) and school, please complete this alternate household income form. Return this form to: The School District of Bruce/Jeanne Weisser

### Section 1: Student Information

Instructions: List all students in the household, through grade 12. If any child you are listing is a foster child; homeless, migrant, or runaway; or attends Head Start, please check the appropriate box.

| Student's First Name | Student's Last Name | Grade | School Child Attends | Foster | Homeless, Migrant, or Runaway | Head Start |
|----------------------|---------------------|-------|----------------------|--------|-------------------------------|------------|
|                      |                     |       |                      |        |                               |            |
|                      |                     |       |                      |        |                               |            |
|                      |                     |       |                      |        |                               |            |
|                      |                     |       |                      |        |                               |            |

If more spaces are required for additional names, please attach on another sheet of paper.

### Section 2: Household Income

Instructions: Your household size is the total number of people, including all children and adults, related and un-related, that live in a single dwelling and share income and expenses. Please mark your household size and then select the applicable yearly total household income range under the number of people in the household. Make sure to include all of the following income sources: work, welfare, child support, alimony, pensions, retirement, Social Security, SSI, VA benefits, child income and/or all other income. The amount should be before any deductions for taxes, insurance, medical expenses, child support, etc.

| Household Size                                                              | 1                     |                     | 2                     |                     | 3                     |                     | 4                     |                     | 5                     |                     | 6                     |                     | 7                     |                     | 8                      |                             |  |
|-----------------------------------------------------------------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|-----------------------|---------------------|------------------------|-----------------------------|--|
|                                                                             | \$0 up to \$28,953.00 | \$28,953.01 or more | \$0 up to \$39,128.00 | \$39,128.01 or more | \$0 up to \$49,303.00 | \$49,303.01 or more | \$0 up to \$59,478.00 | \$59,478.01 or more | \$0 up to \$69,653.00 | \$69,653.01 or more | \$0 up to \$79,828.00 | \$79,828.01 or more | \$0 up to \$90,003.00 | \$90,003.01 or more | \$0 up to \$100,178.00 | \$100,178.01 or more        |  |
| Income Range                                                                |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                        |                             |  |
| If your household has 9 or more people, please enter your information here: |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                       |                     |                        | Yearly Household Income: \$ |  |

### Section 3: Sharing of Information for Local Programs

The information on this form may be shared with other programs that your child(ren) may qualify for only with your permission. Information will only be shared with the program if you check the box.

|                          |                                                                          |
|--------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> | Yes! I DO want school officials to share information from this form with |
| <input type="checkbox"/> | Yes! I DO want school officials to share information from this form with |
| <input type="checkbox"/> | Yes! I DO want school officials to share information from this form with |
| <input type="checkbox"/> | Yes! I DO want school officials to share information from this form with |
| <input type="checkbox"/> | No! I DO NOT want school officials to share information from this form.  |

### Section 4: Contact Information and Adult Signature

"I certify (promise) that all information on this form is true, and that all income is reported."

|                |            |
|----------------|------------|
| Signature      | Print Name |
| Street Address | Apt#       |
| City           | State      |
| Phone Number   | Zip Code   |
| Email Address  |            |

\* Completion of this form does not qualify your child/children for Summer EBT. To apply, visit [dpi.wi.gov/school-nutrition/summerebt](http://dpi.wi.gov/school-nutrition/summerebt) or scan the QR code.



## DO NOT COMPLETE THIS SECTION. FOR SCHOOL USE ONLY.

| Economic Status:                                |                          |
|-------------------------------------------------|--------------------------|
| Economically Disadvantaged (free/reduced) etc.) | <input type="checkbox"/> |
| Non-Economically Disadvantaged (paid)           | <input type="checkbox"/> |

| To be completed by school or district staff member:                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>I have reviewed the household income form on the reverse of this page and have concluded that it is properly and completely filled out to the best of my knowledge.</i> |  |
| Signature:<br>(school or district staff)                                                                                                                                   |  |
| Print Name:                                                                                                                                                                |  |
| Date:                                                                                                                                                                      |  |

### Instructions for School or District Staff:

- All cost associated with distributing, collecting, and reviewing these household income forms must be paid for with funds outside of the nonprofit school food service account.
- Parental Approval is required to share any student eligibility information needed for local programs (such as fee waivers, backpack programs, etc.). The sharing of information section provides an opportunity for parents to provide that approval in the same form. All local programs that student level information is needed for must be listed in Section 3 by the school or district, so parents can opt into or out of them individually. Add more lines if necessary. Parental consent is not required for State reporting requirements, such as Title 1 or Parental Choice reporting.
- For any schools/districts utilizing this form and DO NOT participate in the USDA Child Nutrition Programs, please modify the instructions in the first section and remove all language regarding the Community Eligibility Provision.
- For schools not participating in the Community Eligibility Provision (CEP) or National School Lunch Program (NSLP) using the alternate household income form for WISE data reporting should report a student identified as economically disadvantaged on this form as "True" for Economically Disadvantaged Status and "Unknown" for Food Service Eligibility.