



Nutrition Team Unpaid Meals Administrative Guideline

Negative Meal Account Balances

1. Families will be permitted to charge no more than \$30.00 on the family meal account. Purchases shall be limited to one (1) Type A/Reimbursable meal per student per day. No, a la carte charges will be permitted.
2. No charges will be permitted for adults or students not currently enrolled in the School District of Milton.
3. The Nutrition Team cashiers will verbally alert students in grades 7-12 at the register any time an account balance is below \$10.00. Daily automated calls will be made to all family meal accounts under \$10.00. Parent(s)/Guardian(s) of elementary students will receive a written reminder that will be sent home with the student when the balance goes negative.
4. Parents/Guardians will be notified when a family meal account balance reaches negative \$15.00 (See Exhibit A).
5. When a family meal account balance reaches negative \$15.00, the Nutrition Team Director or designee will contact the parent(s)/guardian(s) directly. A list of all family accounts reaching negative \$15.00 will be provided to the corresponding building principal.
6. Certified mail may be sent to parent(s)/guardian(s) of families with meal account balance of negative \$20.00 or more (See Exhibit B). This letter will be sent as a follow-up to the phone call or as deemed appropriate by the Nutrition Team Director and/or designee.
7. When a family meal account balance reaches negative \$30.00, the Nutrition Team Director or designee will call the parent(s)/guardian(s) directly and give notice of suspension of meals provided by the District.
8. If after a family meal account is suspended, a student continues to come to school without a lunch from home, the school principal and/or social worker will assist in contacting the family and finding a resolution.
9. Negative account balances must be paid in full prior to the end of the current school year. Negative account balances may not be carried over from one school year to the next. All remaining positive balances, however, will be carried forward to the new school year.
10. This institution is an equal opportunity provider.

Consolidated Elementary 4838 N. County Rd. F Janesville WI 53545 (608) 868-9595	Harmony School 4243 E. Rotamer Rd. Janesville, WI 53546 (608) 868-9360	Milton East Elementary 201 S. Janesville St. Milton WI 53563 (608) 868-9380	Milton West Elementary 825 W. Madison Ave. Milton WI 53563 (608) 868-9230	Northside Intermediate 159 Northside Dr. Milton WI 53563 (608) 868-9280	Milton Middle School 20 E. Madison Ave. Milton WI 53563 (608) 868-9350	Milton High School 114 W. High St. Milton WI 53563 (608) 868-9300
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Exhibit A

Dear Parent(s)/Guardian(s):

Your family's meal account has a negative balance of \$_____. Board policy only allows families to carry a negative balance up to \$30.00. We will not be able to provide your child(ren) with school-prepared meals should the balance reach negative \$30.00. Please send money to cover the negative balance. You may also deposit additional funds at this time into your family account to allow for additional meals to be purchased from this account. You may deposit monies on-line at:

<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedumiltonwi/seplog01.w>

Please call me at (608) 868-9580 should you have any questions about your family's meal account.

(Signature)_____ Nutrition Team Director or Family Account Specialist

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Exhibit B

Dear Parent(s)/Guardian(s):

Your family's meal account has a negative balance of \$_____. After multiple reminders, a phone call, and a letter dated _____ to attempt to remedy this situation, your family's meal account continues to carry a negative balance and is approaching our limit of \$30.00- (negative) balance.

Once your family's meal account reaches this amount, we will no longer be able to provide your child(ren) with breakfast or lunch due to the negative meal account balance. We believe proper nutrition is important for learning, so we would like to work with you to resolve this issue.

Please send your child to school with a meal from home (bag lunch) or send/deposit money to your family meal account immediately so that we may continue to provide your child(ren) with school prepared meals.

You may send cash or a check to school in a SEALED envelope, clearly labeled with your child's/children's full name(s) and addressed to Milton Nutrition Team or deposit money on-line at:
<https://skyward.iscorp.com/scripts/wsisa.dll/WService=wsedumiltonwi/seplog01.w>

An application for free or reduced meals has been enclosed with this letter. If you feel you may qualify for assistance, please complete the form and return to the Milton Nutrition Team in a sealed envelope, and we will process the application. You will be notified of the status of the application once it is processed.

Additionally, I can assist you by developing a payment plan or answering questions you may have regarding our meal charges policy or free and reduced meals.

Please call me immediately so that we may remedy this situation.

Sincerely,

Michael Gosdeck Nutrition Team Director School District of Milton (608) 868-9311, ext. 1017

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