

# The Richland/Wilkin Collaborative to end Children's Hunger

## The Food Backpack Program for Kids



Dear Parent,

All of the children of your school have been invited to participate in the 2016-2017 Food Backpack program. This program is a partnership with several community agencies to address hunger and unmet nutritional needs of children in our area. Research has shown the impact of unmet nutritional needs to social, academic, behavioral and physical health.

The Backpack program will provide a bag of kid-friendly, shelf stable food for your child to take home and eat over the weekend. This bag will be placed discreetly into their school backpack. They will receive foods like cereal, pudding, soup, fruit juice, granola bars, and other items. With your approval, we will send a bag of food home with your child every Friday during the school year. If you have more than one child in elementary in the school district, each child will receive food for the weekend. **Parents are responsible for checking items in the bag for any potential food allergies.**

This program is funded through grants and private donations so there is no charge. Participation is voluntary. If you do not have a need in your home for hunger assistance, your child and family may participate by making monetary or food donations.

We respect your privacy and the information that you share to participate in this program will be kept confidential. The sign up forms are maintained at the School District office.

Please indicate below if you would like your child/children to receive the food and sign:

\_\_\_\_\_ Yes, I would like my child to receive food from the Backpack Program. Please complete information below.

**Child's Name**

**Grade**

**Teacher's Name**

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**Please list any known food allergies below and attach the Physician's note determining the allergies:** \_\_\_\_\_

**Parents are responsible for checking items in the bag for any potential food allergies.**

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**Please inform your child they will be receiving the food and to bring it home each week. Please instruct your child not to open the food bag on the bus.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please return this form to the School Office or send with your child to school. If you have any questions please contact Colette, United Way, at 701 642-1250, [colette@unitedwayrw.org](mailto:colette@unitedwayrw.org)

