

# Completing Your Nutrition Free/Reduced Application Online

1. On your food service dashboard in Skyward, click the applications link

The screenshot shows the Skyward Food Service dashboard. On the left is a navigation menu with 'Food Service' selected. The main content area is titled 'Food Service' and includes sections for 'Current Account Balance', 'Today's Lunch Menu', 'Lunch Calendar', 'Food Service Messages/Links', and a student record for 'Jon (High School-Grades 9-12)'. A yellow arrow points to the 'Applications' link in the top right corner of the dashboard header.

Item	Price
<b>Sun Jan 17, 2016</b>	
No purchases for this date.	
<b>Mon Jan 18, 2016</b>	
JUICE	\$1.75
Prém Lunch	\$0.00

2. Click Add Application
3. A letter explaining the application process displays; click Next after reading the letter.
4. After reading all the information and instructions, if you wish to continue, select the checkbox acknowledging that you have read the instructions and click Next.
5. Review the Federal Income Chart and select the box if you do not qualify for benefits or do not wish to continue. Click Next.
6. Read the Privacy Act Statement and any other statements, such as the Non-discrimination Statement; click Next.
7. Enter all household members. This includes all guardians, your students, and any children under school age. For any students in the household, indicate the school the child attends in the box next to their name. Select the appropriate boxes and click Next.

# Completing Your Nutrition Free/Reduced Application Online

**Free and Reduced Price School Meals Family Application**

**Steps** | **Free and Reduced Price School Meals Family Application**

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**PART 1. ALL HOUSEHOLD MEMBERS**

Add More Names to Application

[Federal Income Chart](#)  
[Privacy Act Statement](#)  
[Non-discrimination Statement](#)

Names of <u>All</u> People Living in Your Household (First, Middle Initial, Last)	School the child attends, or indicate 'NA' if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to Part 4 to sign this form.					Check if <b>NO</b> Income
		Foster	Homeless	Migrant	Runaway	Head Start	
(Example) Jane A. Smith	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argentina Abastascr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jon Abbotscr	High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. A validation message will appear, asking you to verify that the household members indicated do not have income.
9. If any member of the household receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits, enter the benefit information including the case number and click Next.

**PART 2. BENEFITS**

Name:  Program Name:

Case Number:

10. If no member of your household receives SNAP or TANF benefits, enter the Total Household Gross Income information for each household member and select how often the income is received (weekly, biweekly, monthly, or annually). If the household member does not receive any income, enter '0' or leave the fields blank.

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**PART 3. TOTAL HOUSEHOLD GROSS INCOME** (before deductions). List all income on the same line as the person who receives it. Select the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Add More Names to Application

1. Full Name First Name, Middle Initial, Last Name	2. Gross Income and How Often It Was Received <sup>?</sup>							
	Earnings from Work Before Deductions		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security, SSI, VA Benefits		All Other Income	
(Example) Jane A. Smith	\$199.99	W	\$149.99	B	\$99.99	M	\$50.00	M
Argentina Abastascr	\$1,125.00	B	\$0.00		\$0.00		\$0.00	

- 11.** Sign the application and enter the last four digits of your Social Security Number (this is required information). The signature you provide will be an electronic signature.

**Electronic Signature Agreement**

**Electronic Signature Agreement**

Under the Federal Electronic Signatures in Global and National Commerce Act, before you may submit this Food Service Account Application electronically, you must be provided with certain of the following information and you must affirmatively agree to the following and thereafter not withdraw your agreement.

Please take a moment to review and acknowledge your understanding and acceptance of this Agreement. By electronically signing this Food Service Account Application, I acknowledge receipt of the application agreement, and I agree to be bound by the terms and conditions of the agreement.

By clicking 'I Agree' and submitting this agreement via the internet, I acknowledge that:

- \* I have read and understood the foregoing Electronic Signature Agreement and that I intend to be bound thereby.
- \* I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with any and all agreements I may enter into, including but not limited to this Electronic Signature Agreement.
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district of any change in my electronic address (i.e., email address).
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district in the event that I withdraw my consent to this Electronic Signature Agreement.
- \* I acknowledge and agree that in the event that any person known to me (whether it be a family member, member of my household or otherwise) misappropriates any of the security devices connected with my Food Service account application and such misappropriation could not reasonably be detected by the school district, the school district shall have the right to treat all resulting electronic signatures as though they were affixed by the person whose name is typed below.
- \* I acknowledge and agree that the individual completing this electronic account application is the individual in whose name the account is set up, or is someone authorized to submit this

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12. As needed, enter the other information and click Next.

### PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'I do not have a SSN' box. See Privacy Act Statement**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted. I understand my child's eligibility information may be shared as allowed by law.

\* Sign here: <Signed Electronically> Remove

\* Print Name: Argentina Abastasc

Date: 01/26/2016

Phone Number: (555) 255-7888 Ext:

Address:

Cell Phone Number:   Ext:

City:

State:  Zip Code:

\* Last Four Digits of SSN: \*\*\*-\*\*- 4789 OR  I do not have a SSN

Email Address:

By providing your email address, you may be notified by email of your eligibility for free and reduced price school meals.

13. Enter the children's ethnic and racial identity and click Next. This portion is optional.

### Free and Reduced Price School Meals Family Application

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### PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITY (OPTIONAL)

I would like to report this optional information

Mark one ethnic identity: Mark one or more racial identities:

Hispanic/Latino

Asian

American Indian or Alaska Native

Black or African American

Not Hispanic/Latino

White

Native Hawaiian or Other Pacific Islander



## Completing Your Nutrition Free/Reduced Application Online

14. Review the completed application and click the Submit Application button. Note: If at any point in the process you skipped a required field or entered incorrect data, a message appears explaining the errors. All errors must be corrected before you can submit the application for approval.
15. Once you have submitted your application, you may be able to Update a Pending Application, View the Application, and Print the Application.

**Food Service Applications**

Pending Application | [Update Pending Application](#) | [View Application](#) | [Print Application](#)

**Application Date: Tue Jan 26, 2016 (Application Waiting For Approval)**

**Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.**

**Household Members**

Names of Household Members	School Name	Foster Child?	No Income?
Argentina Abastascr		No	No
Jon Abbotscr	High School	No	Yes

**Income Information**

Family Member Name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	Other Income
Argentina Abastascr	29,250.00	0.00	0.00	0.00
<b>Total Annual Income: 29,250.00</b>				

Jon (400)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jun 2, 2014	Mon Jun 2, 2014	5	Free/Gratuitas	No	Yes	
No	Fri Jun 28, 2013	Thu Sep 26, 2013	0	Free/Gratuitas	Yes	Yes	
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Normal	No	Yes	