## How to submit a Benefits Application Online (Skyward)

Link: https://www2.nerdc.wa-k12.net/scripts/cgiip.exe/WService=wcheneys71/seplog01.w

S K Y W A R D°
Cheney School District No. 360
Login ID:
Paceword
Fassword.
Sign In
Forgot your Login/Password?
05 23 06 00 05

This is the main login page for Skyward. Enter your Login and Password. Then click "Sign In"

Login information is emailed to you from your child's school. If you don't have this information, contact your child's font office secretary or registrar.



	Food Service		Applications			
Home			Applications			
NEW Student	Current Account Balance	Today's Lunch Menu	Lunch Calendar	Print Reports		
Enrollment	\$0.00 Lunch Type: Paid	No lunch menu details are av	ailable for the current date.	2023-20234 Year Meals		
Calendar						
Student Info	Food Service Messages/Link	S		Weekly Purchases For: Thu Aug 17, 2023		
	(CHENEY HIGH SCHOOL)					
Food Service	To enter Online Free/Reduced	Meal Applications, select the App	plications Tab to begin this	Previous week Next week		
Discipline	process.			CHENEY HIGH SCHOOL)		
Test Scores	CHENEY HIGH SCHO	OL) View Totals		Week Total: \$0.00		
	Payment Date	Payment	Check #	Key Pad Number:		
Activities	Tue Jun 20, 2023	\$6.75	VIA WEB	Item Price		
Graduation	Wed Apr 19, 2023	\$1.00	VIA WEB	Sun Aug 13, 2023		
i coquironicinto	Thu Jun 18, 2020	\$5.00	VIA WEB	No purchases for this date.		
Academic History	Tue Feb 25, 2020	\$50.00	VIA WEB	Mon Aug 14, 2023		

One inside the Food Service tab, your school will look like this. Click on the blue word "Applications" at the top of the screen.

Pending Application	Add Application   P	rint Application					
No pending applicati	on was round.						
(483)							
				1. 1. 2. 2.	Daniad?	A atting 2	Application Mbr
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application NDF

This is your student's application screen. To begin a new application, click on the word "Add Application."

If you had already started an application but did not complete it, your screen will look like the picture below. To resume your application, click "Continue Application."

Pending Application	Continue Application	V w Application	Print Applicatio	n			
	Appli	cation Date: Thu Au	g 17, 2023 *App	lication Not Sub	mitted*		
	Please com	plete all required se	ections and sub	nit the application	on for review	ν.	
(483)							
(483) Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr

Steps	Household Applicatio	on for Free and	Reduced	-Price Mea	als				Next	<u>Print</u>	<u>B</u> acl		
Latter to Househo	Letter to Households	s. Please select th	e option b	elow after	reviewing all info	rmation.							
Federal Teserre Chert	I have read the	Letter to House	olds and v	vould like t	o continue the ap	plication	1. Read let	tter					
Federal Income Chart							2. click the	e box ind	licating you r	ead the letter.			
Privacy Act Statemen	t						3. click "N	ext"					
Non-discrimination Statement		Dear Decent/Guerdian:											
Application	Dear Parent/Guardian:	Dear Parent/Guardian:											
Step 1:     Student Name	This letter tells how you below.	This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown											
<ul> <li>Step 2:</li> </ul>	Breakfast and lunch wil	Breakfast and lunch will be served at no cost to those children who qualify for free and reduced-price meals in grades K-12. All other students will be											
Benefits	charged the rates show	charged the rates shown below.											
Gross Income		RE	GULAR			REDUCED	D-PRICE						
<ul> <li>Step 4: Household</li> </ul>	Grade Level	Grade Level Breakfast Lunch Snack Breakfast Lunch Snack											
Members		K-3 Students											
<ul> <li>Step 5: Signature</li> </ul>	Elementary	\$1.90	\$3.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
<ul> <li>Step 6:</li> </ul>	Secondary	\$2.00	\$3.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					
Race	WHO SHOULD FILL	OUT AN APPLIC	ATION?										
Povious and Submit	<ul> <li>Total household</li> </ul>	r: income is the SAI	ME or LESS	5 than the a	mount on the ch	art							
Review and Submit	You receive Basi     Families (TANE)	c Food, take part	in the Foo	d Distributi	on Program on Ir	idian Rese	ervations (FDPI	R), or receiv	ve Temporary Ass	istance for Needy			
	You are applying	for foster childre	n that are	under the	legal responsibilit	y of a fost	ter care agency	or court					
	If completing a non-ele per household. We will check the appropriate b	ctronic version, t notify you if the	urn in the application	application is approve	to your Child's So d or denied. If ar	thool or to ay child yo	the District Of ou are applying	fice. Be sur for is home	e to submit ONLY less (McKinney-V	ONE application or migrant,			
	WHAT COUNTS AS I	NCOME? WHO I	S CONSI	DERED A I	<b>HEMBER OF MY</b>	HOUSE	IOLD?						
	Look at the income cha during the month and y information you give w	rt below. Find yo ou are unsure if ill be used to dete	ur househo your house ermine you	old size. Fin ehold is elig ir child's eli	d your total hous jible, fill out an aj gibility for free or	ehold inco plication reduced-	ome. If membe and we will det price meals.	rs in the ho ermine you	usehold are paid r income eligibilit	at different times y for you. The			
	Foster children that are you have questions abo	under the legal out applying for n	responsibili real benefi	ity of a fost ts for foste	er care agency o r children, please	r court are contact u	e eligible for fre s at (509) 559-	e meals reg 4595.	ardless of persor	nal use income. If			
	FEDERAL INCOM	E CHART											
	For School Year 2	2023-24											
	Household Size Yearly Mo	nthly Weekly											
	1 26,973	2,248 519											
	2 36,482	3,041 702											
											-		

Please read over the letter. Click the check box to indicate that you have read the letter. Then, click "Next."

Steps	Household Application for Free and Reduced-Price Meals           Previous         Previous									
Letter to Households	Your children may qualify for free or reduced If you do not qualify for benefits or do not wish to do	price meals if your household income falls within the times on this chart.								
Federal Income Chart										
Privacy Act Statement	do not quality for benefits of do not wish	to complete an application								
Non-discrimination Statement										
Application • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race Review and Submit	FEDERAL INCOME CHART           For School Year 2023-24           Household           Size         Yearly         Monthly         Weekly           1         26,973         2,248         519           2         36,482         3,041         702           3         45,991         3,833         885           4         55,500         4,625         1,068           5         65,009         5,418         1,251           6         74,518         6,210         1,434           7         84,027         7,003         1,616           8         93,536         7,795         1,799	<ol> <li>Read information</li> <li>Check box if you do not qaulify or leave box blank if you qaulify</li> <li>Click "Next"</li> <li>* if you clicked the box stating you do not qualify, the application will close. You are done.</li> </ol>								
	Each Additional Person: 9,509 793 183									

Read the income chart, check the box if you do not qualify or leave blank if you do. Then click "Next."

1		
Household Application	n for Free and Reduced-Price Meals	
Steps	Household Application for Free and Reduced-Price Meals	Previous <u>Next</u> Print <u>B</u> ack
Letter to Households	Privacy Act Statement: This explains how we will use the info	rmation you give us.
Federal Income Chart	1. Read	
Privacy Act Statement	2. Click	"Next"
Non-discrimination Statement		
Application • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race Review and Submit	The Richard B. Russell National School Lunch Act requires the informal we cannot approve your child for free or reduced price meals. You muu member who signs the application. The last four digits of the Social Se Supplemental Nutrition Assistance Program (Basic Food), Temporary A Reservations (FDPIR) case number or other FDPIR identifier for your of does not have a Social Security Number. We will use your information administration and enforcement of the lunch and breakfast programs. programs to help them evaluate, fund, or determine benefits for their look into violations of program rules.	tion on this application. You do not have to give the information, but if you do not, st include the last four digits of the Social Security Number of the adult household curity Number is not required when you apply on behalf of a foster child or you list ssistance for Needy Families (TANF) Program or Food Distribution Program on India hild or when you indicate that the adult household member signing the application to determine if your child is eligible for free or reduced price meals, and for We MAY share your eligibility information with education, health, and nutrition programs, auditors for program reviews, and law enforcement officials to help then

Please read. Then click "Next."

3.

Household Application	for Free and Reduced-Price Meals
Steps	Household Application for Free and Reduced-Price Meals Previous Previous Print Back
Letter to Households Federal Income Chart Privacy Act Statement → Non-discrimination Statement Application • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race Review and Submit	Non-discrimination Statement: This explains what to do if you believe you have been treated untainy:       1. Read         2. Click "Next"    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. Braile, 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/istes/default/files/documents/a-3027.pdf from any USDA office, by calling (866) 632-992, or by writing a letter addressed to USDA. This 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 (USDA Advence) and advence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov This institution is an equal opportunity provider. Cheney School District No360 School District's Non-Discrimination Statement Chenery School District Non-Discrimination Stat
	1

Please read. Then click "Next."

4.

eps	Household Application for Fre	e and Reduced-Prio	e Meals								Pre <u>v</u> ious <u>N</u> ext <u>Print</u>
tter to Households deral Income Chart vacy Act Statement n-discrimination Statement	Student Names. List all sture     Add More Names to Applicatio	dents living with you th Click this living children a This includ Cheney So	hat are attendin box if you ha ttending sch des students chool Distric	ig school. If ave more nool in yc s who do t	the stude than 6 our hom not atte	nt is a fo ie. end	oster child, homeless, or migrant, indica	te this by checking t	he appropriate box.	Include any pe	ersonal income received by the student and how often it is received.
plication Step 1: Student Names	Check here if you received me	al benefits last year.	Name MI	Homeles	s Migran	Foste	r Date of Birth Schoo	Grade	Student Income	How Often?	1. Enter information for each student living in your home. They do not need to
• Step 2:	(Example) Smith	Student	A				12/31/2999 School Name	04	\$0	Т	attend Cheney School District. They need to attend school and live in your
Step 3:	Doe	Jane	A				03/23/2008 拱 CHS	10	\$0	<b>~</b>	nome.
Gross Income									\$0	~	2. Please indicate students who are nomeless, migrant or loster by checking the
Household Members									\$0	~	<ol> <li>Enter any income received by the student, and how proquently it is received.</li> </ol>
Step 5: Signature									\$0	<b>~</b>	<ol> <li>Click "Next" when finished</li> </ol>
<ul> <li>Step 6:</li> </ul>									\$0	<b>~</b>	-, click with misticu.
Ethenisites and Dates									<b>#0</b>		

If your household has more than 6 students, please check the box near the top for more row.

Enter information for each K-12 aged student living in your home. They do not need to attend Cheney School District.

Please indicate students who are homeless, migrant or foster by checking the appropriate box next to that student who qualifies.

Enter any income received by the student in the correct column. Indicated how frequently it is received.

Click "Next" when ready to proceed.



This pop up will appear to verify that your student's income was entered correctly. Press "Yes" to move on.

Steps	Household Application for Free and Reduced-Price Meals	Pre <u>v</u> ious <u>N</u> ext <u>Print</u> <u>Back</u>
Letter to Households	2. Benefits. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to step 3.	1. Clikc any that apply to your family
Privacy Act Statement Non-discrimination Statement	Please provide your case number here.	2. Click "Next" when ready to move forward.
Application • Step 1: Student Names • Step 2: Rep 2:		

Click on the boxes that apply to your family. If none apply, leave blank. Please provide your case number if you can. Click "Next" when done.

Steps	Household Application for Free and Reduc	ed-Price	Meals								Pre <u>v</u> ious <u>N</u> ext <u>Print</u> <u>B</u> ac	
Letter to Households	<ol> <li>Gross Income. List the names of all other h case number is listed in step 2, skip step 3.</li> </ol>	Gross Income. List the names of all other household members - Enter income (in whole dollars) and how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a se number is listed in step 2, skip step 3.										
Federal Income Chart		Click here if you have more than 6 people living										
Privacy Act Statement	Add More Names to Application	in	your home.	our home.								
Non-discrimination Statement												
Application <ul> <li>Step 1:         Student Names     </li> </ul>	Names of ALL other household members (do not include students listed in Section	1) Foste	Earnings from	n Wo <mark>rk</mark> ductions	Public Assist Child Support	ance/ ort/	Pensions, Retiremen Social Security	/ t/ (SSI)	Any Other Inco Not Already Lis	ne ed	1. Enter information for all people living in your home. This includes	
Step 2: Benefits	(Example) Jane A. Smith		\$200	W	\$150	в	\$100	М	\$50 M		adults and children not yet attending school.	
➡ Step 3:			\$0	~	\$0	~	\$0	~	\$0	-	<ol><li>Enter monthly income, before taxes or deductions are taken out.</li></ol>	
Step 4:			\$0	~	\$0	~	\$0	~	\$0	~	3. Indicate now frequently you receive this income.	
Household Members			\$0	~	\$0	~	\$0	~	\$0	-	4. CIICK Next	
<ul> <li>Signature</li> </ul>												
Step 6:     Ethnicity and Pace			\$0	~	\$0	~	\$0	~	\$0	-		
Editacity and Race			\$0		\$0	~	\$0	~	\$0	-		

Now it's time to enter information for any and all other people living in the home. This includes children not yet attending school. If you have more than 6 peoples living in your home, check the box near the top for more rows.

Enter information for all adults living in your home.

Enter monthly income, before taxes or deductions are taken out.

Indicate how frequently you are paid.

Click "Next" when ready to move on.

8.

Housenoid Application	for Free and Reduced-Price Meals	
Steps	Household Application for Free and Reduced-Price Meals	Pre <u>v</u> ious <u>N</u> ext <u>P</u> rint <u>B</u> ack
Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement	Total Household Members. (Include all people living in your household) Total listed must equal number of household members listed on application.	
Application • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race	Total Household Members (include all people living in your household):         * Last Four Digits of Social Security Number (SSN) of security Number (SSN) of security Number (SSN) of security Number:         *******       0000       OR       Check if no SSN         Primary Wage Earner or Other Household Member:       *******       0000       OR       Check if no SSN	1. Enter how many total people live in your home. 2. Enter the last 4 of your social security number. If you do not have a social secutrity number, check the box labeled "Check if no SSN."

Enter how many total students and adults combined live in your home.

Enter the last 4 digits of your social security number. If you do not have a social security number, check the box labeled "Check if no SSN." Click "Next" when ready to move on.

Household Application	for Free and Reduced-Price Meals	
Steps	Household Application for Free and Reduced-Price Meals	Pre <u>v</u> ious <u>Print</u> <u>Back</u>
Letter to Households	5. Contact Information & Signature.	
Federal Income Chart	1	
Privacy Act Statement Non-discrimination Statement		
Application • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race Review and Submit	I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the recent of federal funds and that school officials may verify (check) the information. I am aware that if J purposely give false information, my children may lose mean benefits and I may be prosecuted under applicable State and Federal laws.          Sohn Doe       E-mail Address         * Adult Household Member Signatt @ Click to Sign       Lay, State & Zip Code       Date	<ol> <li>Fill in full name for adult who is filling this application out.</li> <li>Then click "Click to Sign"</li> <li>A new window will open with the electronic signature agreement.</li> <li>Click " I Agree" on that form</li> <li>Click "Next"</li> </ol>

9.

Sign your application. Type the name of the person filling out this application ins the name box. Then click the blue words "Click to Sign."

A new window will pop up with the electronic signature agreement. Pictured below.

	🛩 Electronic Signature Agreement - Entity 483 - 05.23.06.00.05 - Google Chrome	-		×
	www2.nerdc.wa-k12.net/scripts/cgiip.exe/WService=wcheneys71/sfamaedi	t015.w	?isPopu	p
	Electronic Signature Agreement	6	0.0	?
is ck	Electronic Signature Agreement			
pli	Under the Federal Electronic Signatures in Global and National Commerce Act, before you this Food Service Account Application electronically, you must be provided with certain of information and you must affirmatively agree to the following and thereafter not withdrav agreement.	may su the follo / your	bmit wing	
_	Please take a moment to review and acknowledge your understanding and acceptance of Agreement. By electronically signing this Food Service Account Application, I acknowledge the application agreement, and I agree to be bound by the terms and conditions of the a	this e receipt greemen	of It.	
	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 in bound thereby.	tend to t	De	
	* I understand and agree that my electronic signature is the equivalent of a manual signa others may rely on it as such in connection with any and all agreements I may enter into, not limited to this Electronic Signature Agreement.	ture and includin	d that Ig but	
	* I further acknowledge and agree that it is my obligation to immediately advise the scho any change in my electronic address (i.e., email address).	ol distric	t of	
	* I further acknowledge and agree that it is my obligation to immediately advise the scho the event that I withdraw my consent to this Electronic Signature Agreement.	ol distric	t in	
	* I acknowledge and agree that in the event that any person known to me (whether it be member, member of my household or otherwise) misappropriates any of the security devi connected with my Food Service account application and such misappropriation could not be detected by the school district, the school district shall have the right to treat all result signatures as though they were affixed by the person whose name is typed below.	a family ces reasona ing elect	/ ably tronic	
	* I acknowledge and agree that the individual completing this electronic account applicati individual in whose name the account is set up, or is someone authorized to submit this a the person whose name is on the account.	on is the pplicatio	e on by	
			1	
	I Agree			
	Back 1. Read			
	2. Click "I	Agree	е"	

Please read the agreement. Click "I Agree" when done. This box will close and redirect you back to the signature page.

Steps	Household Application for Free and Reduced	-Price Meals					Pre <u>v</u> ious N	lext	Print Back
Letter to Households	5. Contact Information & Signature.							_	
Federal Income Chart									
Privacy Act Statement									
Non-discrimination Statement									
Application <ul> <li>Step 1:</li> <li>Student Names</li> <li>Step 2:</li> </ul>	I certify (promise) that all information on this appl connection with the receipt of federal funds and th information, my children may lose meal benefits, a	ication is true and that all income is nat school officials may verify (check and I may be prosecuted under appl	reported. I understan () the information. I ar licable State and Feder	d that this inforn m aware that if I ral laws.	nation is given in purposely give false				
Benefits	John Doe					This is what this page looks like after you have			
Step 3: Gross Income	* Printed Name of Adult Household Member	Mailing Address			E-mail Address	agreed to the electronic signature agreement			
• Step 4:	<signed electronically=""></signed>			Ext:	08/17/2023	notice it now says "signed electronically" and the			
	* Adult Household Member Signature Remove	City, State & Zip Code	Daytime Phone		Date	date is now filled in			
Household Members									
Household Members Step 5: Signature Step 6: Ethnicity and Race						Click "Next"			

After agreeing to the electronic signature, you will notice that the signature box now says *Signed Electronically* and the date box is filled in. Enter the appropriate information into the rest of the boxes.

Click "Next" when done.



This page is optional. If you wish to answer the questions click the box at the top. Then, click on any of the boxes that apply to your family. When finished click "Next."

Household Application for Fr	ree and Reduced	-Price Me	als										Previous P
Please review the completed app	plication and click	the button	to submit the	applicatio	on.								
Submit N	IOTE: The applicat	ion has no	t yet been sub	mitted. T	his applic	ation							
Application D • w	vill not be consider	ed until th	e Submit App	plication	button is	clicked.							
itement													
1. Student Names. List all stu	1. Student Names. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by checking the appropriate box. Include any personal income received by the student and how often it is received.												
Check here if you received me	eal benefits last ye	ear.											
Student's Last Name	Student's	First Nam	e MI H	Iomeless	Migran	t Foster	Date of Birth	S	chool	Grade	Student Incor	ne How Often	<u>n?</u>
Doe	Jane		A				03/23/2008	CHS		10			
bers													
							-						
sce				-									
Benefits. If any Household M     Basic Food      TANF      FDPIR     Gross Income. List the nam     dein the 2	Members (including Case Number: nes of all other hou	g yourself) usehold me	currently parti	icipate in	one or m	ore of th	e following assis nd how often it	itance progra is received. I	ms, please wri f a household	ite in a cas member de	e number. If no, g	o to step 3. ome, write 0. I	
2. Benefits. If any Household N Basic Food TANF DEPIR 3. Gross Income. List the nam 2, skip step 3. Names of ALL other 1 members (do not include a character bit a	Members (including Case Number: nes of all other hou household	g yourself) Jsehold me	currently parti embers - Enter Earnings fro	icipate in income (i om Work eduction	one or m in whole	dollars) a	e following assis nd how often it ance/ P ort/ Re Re	itance progra is received. I ensions/ tirement/	ms, please wri	ite in a cas member d er Income ady Listed	e number. If no, g pes not receive inc	o to step 3.	If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case nu
2. Benefits. If any Household N     Basic Food      TANE of FOPIR     3. Gross Income. List the nam     2, skip step 3.     Names of ALL other I     members     (do not include students list     John Dee	Members (includin Case Number: nes of all other hou household ted in Section 1)	g yourself) usehold me Foster (1	currently parti mbers - Enter Earnings fro before any de 1.500	icipate in income (i om Work eduction	one or m in whole () (s) (b)	dollars) a ic Assist ild Supp Alimon	e following assis nd how often it ance/ P ort/ Re y Social	itance progra is received. I ensions/ tirement/ Security (SS	ms, please wri if a household <u>Any Othe</u> Not Alrea	ite in a cas member d er Income ady Listed	e number. If no, g	o to step 3.	If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case nu Congratulations! You made it to the final page. Places review all of the
2. Benefits. If any Household h     Basic Food      TANF      FOPIR     3. Gross Income. List the nam     2, skp step 3.     Names of ALL other I     members     (do not include students list     John Doe	Members (including Case Number: nes of all other hou household ted in Section 1)	g yourself) isehold me Foster (1	currently parti mbers - Enter Earnings fro before any de 1,500	icipate in income (i om Work eduction	one or m in whole (s) Publ (ch	iore of th dollars) a ic Assist ild Supp Alimon	e following assis nd how often it ance/ P ort/ Re / Social	is received. I ensions/ tirement/ Security (Security)	ms, please wri if a household SI) Any Othe Not Alrea	ite in a case member de er Income ady Listed	e number. If no, g bes not receive ind	o to step 3.	If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case nu Congratulations! You made it to the final page. Please review all of the information you have optered. If even thing leave accurate
2. Benefits. If any Household h     Basic Food      TANF      FDPIR     Gross Income. List the nam     skip step 3.     Names of ALL other I     members     (do not include students list     John Doe	Members (including Case Number: nes of all other hou household ted in Section 1)	g yourself) usehold me Foster (1	currently parti mbers - Enter Earnings fro before any de 1,500	icipate in income (i om Work eduction	one or m in whole (s) Publ (ch	dollars) a ic Assist ild Supp Alimon	e following assis nd how often it ance/ P ort/ Re Social	is received. I ensions/ tirement/ Security (SS	ms, please wri if a household Any Othe Not Alrea	member de er Income ady Listed	e number. If no, g	o to step 3.	If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case nu Congratulations! You made it to the final page. Please review all of the information you have entered. If everything looks accurate,
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Congratulations! You have made it to the final page. Please review the information. If everything looks accurate, click the "Submit Application" button at the top left of the screen.

If you wish to make changes, you can click the "Previous" button at the top right of the screen to go back to any of the pages and make changes. Make sure to come back to this page when done and press the "Submit Application" button.

od Service Applicati	ons							
Pending Application	Update Pending Ap	plication   View Appl	ication   Print Ap	plication				
	Applica	tion Date: Thu Aug 1	7, 2023 (Applica	tion Waiting F	or Approval)			
	Notice:	Pending Application and will need	will be marked a to be resubmitte	as 'Not Submi d for review.	tted' if edited			
Student Name		School Name		Grade		Fost	er Child?	
Doe, Jane, A		CHS		10		No		
Household Member	r Name Ean	nings from Work	Public Assista Child Suppo Alimony	nce/ rt/ So	Pensions/ Retirement/ cial Security (S	Pensions/ etirement/ I Security (SSI)		
John Doe		18,000.00		0.00		0.00	0.00	
		Total An	nual Income: 18,	000.00				
Grace (483)								
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr	
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Paid	No	Yes		

You can track your applications and their statuses in the Food Service Applications Tab.

Follow the steps on page 2 above.