

How to submit a Benefits Application Online (Skyward)

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



SKYWARD®
Cheney School District No. 360

Login ID:

Password:

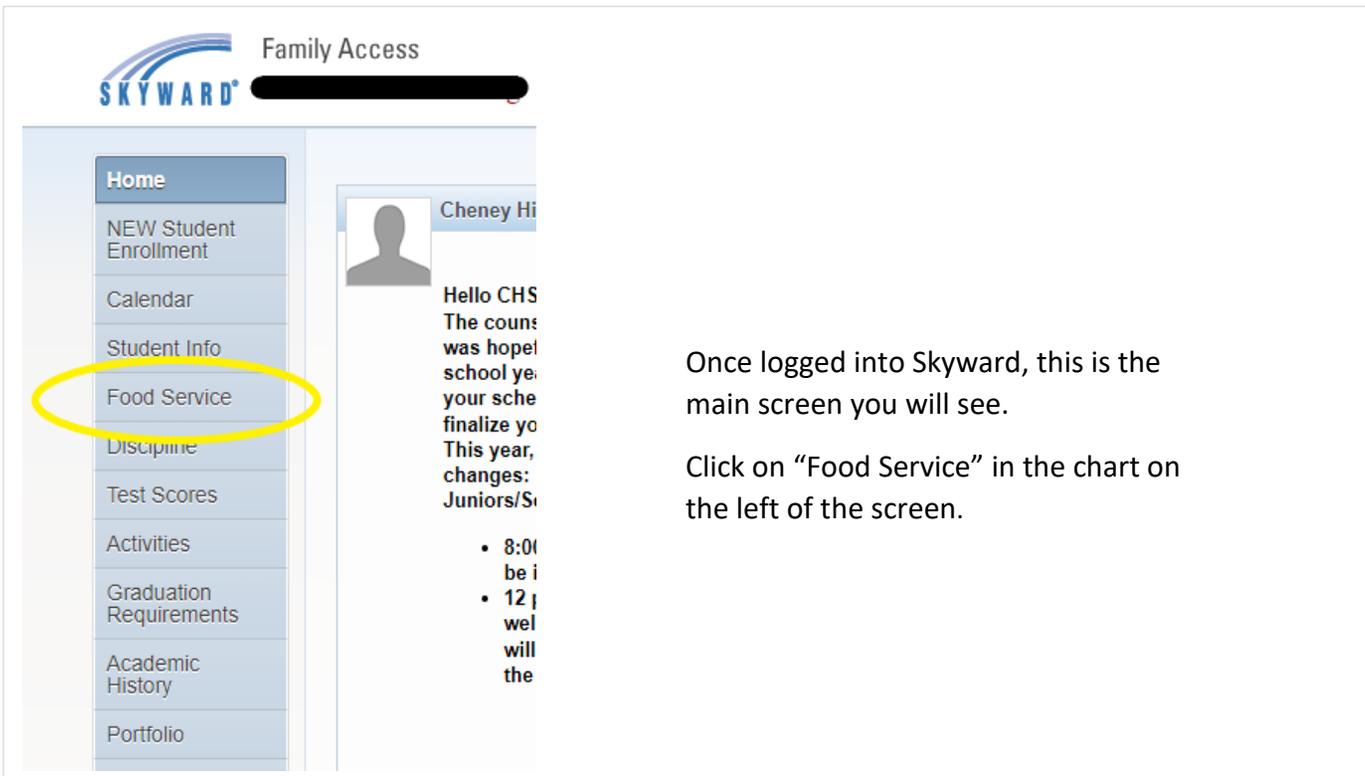
[Forgot your Login/Password?](#)

05.23.06.00.05

Login Area: ▼

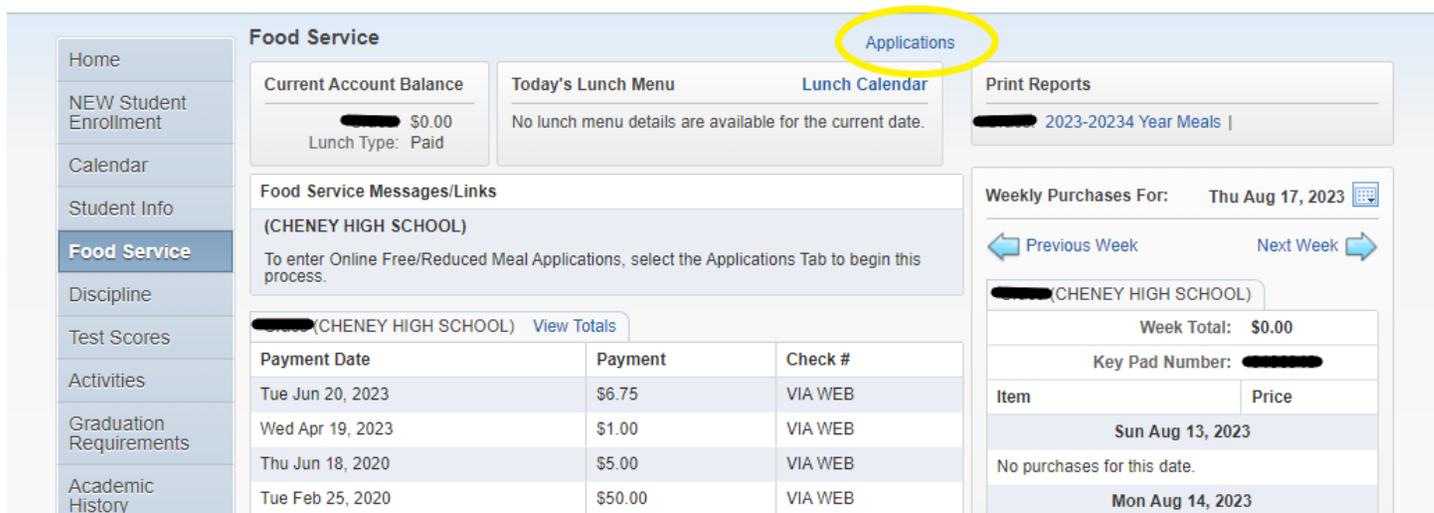
This is the main login page for Skyward. Enter your Login and Password. Then click “Sign In”

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



Once logged into Skyward, this is the main screen you will see.

Click on “Food Service” in the chart on the left of the screen.



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

Food Service Applications ✕

Pending Application | **Add Application** | Print Application

No pending application was found.

██████████ (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	

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."

Food Service Applications ✕

Pending Application | **Continue Application** | View Application | Print Application

Application Date: Thu Aug 17, 2023 ***Application Not Submitted***

Please complete all required sections and submit the application for review.

██████████ (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	

Household Application for Free and Reduced-Price Meals

- Steps
- ➔ 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

Letter to Households. Please select the option below after reviewing all information.

I have read the Letter to Households and would like to continue the application

1. Read letter
 2. click the box indicating you read the letter.
 3. click "Next"

Dear Parent/Guardian:
 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 below.
 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 charged the rates shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		Snack
					K-3	All Other Students	
Elementary	\$1.90	\$3.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Secondary	\$2.00	\$3.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WHO SHOULD FILL OUT AN APPLICATION?
 Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

If completing a non-electronic version, turn in the application to your Child's School or to the District Office. Be sure to submit **ONLY ONE** application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?
 Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at (509) 559-4595.

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

1.

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

Household Application for Free and Reduced-Price Meals

Steps

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Letter to Households

➔ Federal Income Chart

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- **Step 1:** Student Names
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- **Step 4:** Household Members
- **Step 5:** Signature
- **Step 6:** Ethnicity and Race

Review and Submit

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.
If you do not qualify for benefits or do not wish to complete an application, check the option below.

do not qualify for benefits or do not wish to complete an application

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
Each Additional Person:	9,509	793	183

1. Read information
2. Check box if you do not qualify or leave box blank if you qualify
3. Click "Next"

* if you clicked the box stating you do not qualify, the application will close. You are done.

2.

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

Household Application for Free and Reduced-Price Meals	
<p>Steps</p> <p>Letter to Households</p> <p>Federal Income Chart</p> <p>➔ Privacy Act Statement</p> <p>Non-discrimination Statement</p> <p>Application</p> <ul style="list-style-type: none"> • Step 1: Student Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Household Members • Step 5: Signature • Step 6: Ethnicity and Race <p>Review and Submit</p>	<div style="text-align: right;"> Previous Next Print Back </div> <p>Privacy Act Statement: This explains how we will use the information you give us.</p> <p style="text-align: center; color: red;"> 1. Read 2. Click "Next" </p> <p>The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (Basic Food), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.</p>

3.

Please read. Then click “Next.”

Household Application for Free and Reduced-Price Meals

Steps	Household Application for Free and Reduced-Price Meals
<p>Letter to Households</p> <p>Federal Income Chart</p> <p>Privacy Act Statement</p> <p>➔ Non-discrimination Statement</p> <p>Application</p> <ul style="list-style-type: none">• Step 1: Student Names• Step 2: Benefits• Step 3: Gross Income• Step 4: Household Members• Step 5: Signature• Step 6: Ethnicity and Race <p>Review and Submit</p>	<p data-bbox="1192 94 1703 129">Previous Next Print Back</p> <p data-bbox="430 138 1703 292">Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.</p> <p data-bbox="1218 170 1375 235">1. Read 2. Click "Next"</p> <p data-bbox="430 300 1703 365">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.</p> <p data-bbox="430 381 1703 479">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.</p> <p data-bbox="430 495 1703 609">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/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, 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 form or letter must be submitted to USDA by:</p> <p data-bbox="430 625 829 714">(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</p> <p data-bbox="430 730 829 755">(2) fax: (833) 256-1665 or (202) 690-7442; or</p> <p data-bbox="430 771 745 795">(3) email: Program.Intake@usda.gov</p> <p data-bbox="430 820 829 844">This institution is an equal opportunity provider.</p> <p data-bbox="430 868 1703 958">Cheney School District No. 360 School District's Non-Discrimination Statement Cheney Public Schools does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, economic status, pregnancy, familial status, marital status, disability, or the use of a trained guide dog or service animal, and provides access to the Boy Scouts and other designated youth groups.</p>

4.

Please read. Then click "Next."

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- Step 1: Student Names
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Review and Submit

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.

Add More Names to Application Click this box if you have more than 6 children attending school in your home. This includes students who do not attend Cheney School District

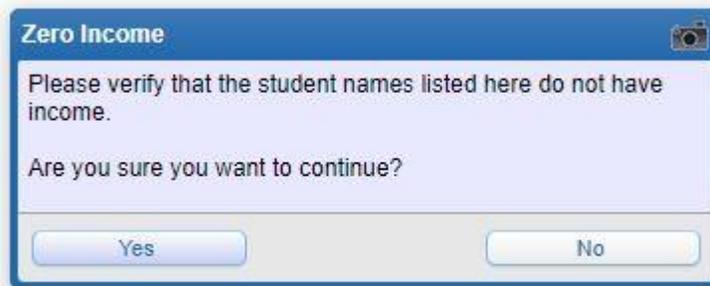
Check here if you received meal benefits last year.

Student's Last Name	Student's First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	How Often?
(Example) Smith	Student	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/31/2999	School Name	04	\$0	T
Doe	Jane	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/23/2008	CHS	10	\$0	▼
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$0	▼
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$0	▼
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$0	▼
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$0	▼
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$0	▼

1. Enter information for each student living in your home. They do not need to attend Cheney School District. They need to attend school and live in your home.
2. Please indicate students who are homeless, migrant or foster by checking the appropriate box next to the student.
3. Enter any income received by the student, and how frequently it is received.
4. Click "Next" when finished.

5.

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.

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- Step 1: Student Names
- Step 2: Benefits

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.

Please provide your case number here.

Basic Food TANF FDPIR Case Number:

1. Click any that apply to your family
2. Click "Next" when ready to move forward.

6.

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.

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3. 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 case number is listed in step 2, skip step 3.

Add More Names to Application Click here if you have more than 6 people living in your home.

Names of ALL other household members (do not include students listed in Section 1)	Foster	Earnings from Work (before any deductions)	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
(Example) Jane A. Smith	<input type="checkbox"/>	\$200 W	\$150 B	\$100 M	\$50 M
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0

Review and Submit

Application

- Step 1: Student Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Household Members
- Step 5: Signature
- Step 6: Ethnicity and Race

1. Enter information for all people living in your home. This includes adults and children not yet attending school.
2. Enter monthly income, before taxes or deductions are taken out.
3. Indicate how frequently you receive this income.
4. Click "Next"

7.

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.

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4. Total Household Members. (Include all people living in your household)
Total listed must equal number of household members listed on application.

Total Household Members (include all people living in your household):

* Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member: 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 security number, check the box labeled "Check if no SSN."

8.

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.

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- Step 5: Signature**
- Step 6: Ethnicity and Race

Review and Submit

5. Contact Information & Signature.

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 receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

* Printed Name of Adult Household Member

* Adult Household Member Signature **Click to Sign**

1. Fill in full name for adult who is filling this application out.
2. Then click "Click to Sign"
3. A new window will open with the electronic signature agreement.
4. Click " I Agree" on that form
5. Click "Next"

9.

Sign your application. Type the name of the person filling out this application in 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/sfamaedit015.w?isPopu...

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 application by the person whose name is on the account.

I Agree Back

1. Read
2. Click "I Agree"

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

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- ➔ Step 5: Signature
- Step 6: Ethnicity and Race

5. Contact Information & Signature.

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 receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

John Doe * Printed Name of Adult Household Member	Mailing Address	E-mail Address
<Signed Electronically> * Adult Household Member Signature Remove	City, State & Zip Code	08/17/2023 Date
	Daytime Phone	

This is what this page looks like after you have agreed to the electronic signature agreement. notice it now says "signed electronically" and the date is now filled in. Click "Next"

10.

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.

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- ➔ Step 6: Ethnicity and Race

6. Children's Racial And Ethnic Identities (Optional)

We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals.

I would like to report this optional information

Mark one or more racial identities: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

This information is optional. If you wish to answer, 1. click the box at the top 2. then check all the boxes that apply. Click "Next" when finished

11.

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."

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Submit Application NOTE: The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

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

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 meal benefits last year.

Student's Last Name	Student's First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	How Often?
Doe	Jane	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/23/2008	CHS	10		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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.
 Basic Food TANF FDIPIR Case Number: _____

3. 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 case number is listed in step 2, skip step 3.

Names of ALL other household members (do not include students listed in Section 1)	Foster	Earnings from Work (before any deductions)	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
John Doe	<input type="checkbox"/>	1,500 M			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

4. Total Household Members. (Include all people living in your household)
Total listed must equal number of household members listed on application.
Total Household Members (include all people living in your household):
Last Four Digits of Social Security Number (SSN) of OR Check if no SSN
Primary Wage Earner or Other Household Member:

5. Contact Information & Signature.
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 receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Congratulations!
You made it to the final page. Please review all of the information you have entered. If everything looks accurate, click the button "Submit Application" in the top left of the screen.

If you wish to make changes, you can click the "Previous" button to go back to any page and make changes.

12.

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.

Food Service Applications

Pending Application | Update Pending Application | View Application | Print Application

Application Date: Thu Aug 17, 2023 (Application Waiting For Approval)

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

Student Name	School Name	Grade	Foster Child?
Doe, Jane, A	CHS	10	No

Household Member Name	Earnings from Work	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
John Doe	18,000.00	0.00	0.00	0.00
Total Annual 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.