

## 2024-2025 USD 232 ONLINE APPLICATION INSTRUCTIONS

Log-in to your Skyward Family Access to complete application.

*Note: You must be a member of the student's primary household with a parent or guardian to log-in to complete the online application. If you are not the primary parent/guardian, a paper-based application can be completed.*

The screenshot displays the Skyward Family Access interface. On the left sidebar, the 'Food Service' tab is selected and circled in red. An arrow points from this tab to the 'Applications' link, which is also circled in red in the top navigation bar. The main content area is titled 'Food Service' and includes sections for 'Current Account Balance' (Family: \$36.76, Lunch Type: Free/Gratis Student), 'Today's Lunch Menu' (High School-Grades 9-12: Grilled Cheese Tomato Soup, Fresh Veggies, Mixed Fruit, WW Bread, Milk), and 'Food Service Messages/Links' (High School-Grades 9-12). The right sidebar shows 'Print Reports' and a 'Weekly Purchases For:' section for the week of Jan 17-19, 2016, with a total of \$4.50.

Picture A

This link allows you to submit an online application for free or reduced meals to the district Food Service department.

1. Under the "Food Service" tab, **click the Applications link.**
2. **Click Add Application.**
3. A letter explaining the application process displays; **click Next Step 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 Step.**
5. Review the Federal Income Chart and select the box if you do not qualify for benefits or do not wish to continue. If you wish to continue with the application, **Click Next Step.**
6. Read the Use of Information Statement and any other statements, such as the Non- Discrimination Statement; **Click Next Step.**
7. If you receive income from **self-employment**, complete this step, then click "Next Step". If you **do not**, please **skip** this step and Click **"Next Step"**

8. Enter all household members who are infants, children, and students up to and including grade 12. Select the appropriate boxes and click "Next Step".

Steps Application for Free and Reduced Price School Meals Previous Next Step Print Back

Letter to Household  
Instructions for Applying  
Federal Income Chart  
Use of Information Statement  
Non-discrimination Statement  
Income from Self-Employment

**Application**

- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature
- Optional: Racial and Ethnic Identities

**Step 1 - List ALL Household Members who are infants, children, and students up to and including grade 12.**  
If more spaces are required for additional names, attach another sheet of paper.

Add More Names to Application

Definition of **Household Member**: Anyone who is living with you and shares income and expenses, even if not related.  
Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name, Middle Initial, Last Name	Child's School	Student?	Check all that apply	
			Foster Child	Homeless, Migrant, Runaway
(Example) Student A. Smith	School Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kid1 Test	High School	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kid2 Test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If appropriate, enter the benefit case number information, and click "Next Step". If you do not need to input a case number, skip this and click "Next Step".

Steps Application for Free and Reduced Price School Meals Previous Next Step Print Back

Letter to Household  
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**Step 2 - Do any Household Members (including you) currently participate in one or more of the following assistance programs?**

Food Assistance, TAF, or FDIPIR

If you didn't check the box: **Complete STEP 3.**

If you checked the box: **Write a case number here then go to Step 4 (Do not complete STEP 3)**  
Case Number:

Picture C

10. Enter any Total Gross child income. If there is none, leave this blank.
11. List all adult household members, including yourself.
12. Enter the Total Gross Income information for each adult household member, TOTAL household members (Children & Adults totaled), and the last four digits of the Social Security Number (may check if no SSN). Once all of the above stated are entered, click "Next Step".

Use of Information Statement  
Non-discrimination Statement  
Income from Self-Employment

**Application**

- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature
- Optional: Racial and Ethnic Identities

Sharing Information  
Consent for Disclosure

Review and Submit

Please read **Instructions for Applying** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL income earned by all children in household listed in STEP 1 here.

Gross Income and How Often It Was Received (?)  
Child Income:

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members First Name, Middle Initial, Last Name	Gross Income and How Often It Was Received (?)		
	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
(Example) Jane A. Smith	\$200 <input type="text"/>	\$150 <input type="text"/>	\$50 <input type="text"/>
Parent Test 1	\$50 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>

\* Total Household Members (Children and Adults):   
\* Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: \*\*\*\*-0000  Check if no SSN

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13. **Sign the application.** The signature you provide will be an electronicsignature. Please click "Sign Application" to enter into the below pop-up box.

### 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

14. As needed, enter the other information and click **"Next Step"**.

*\*Please note you must electronically sign AND print your name in order to submit the application. \**

The screenshot shows a web browser window with the URL <https://dsskywardt.usd232.org/scripts/wsisa.dll/WService=wsEPlus/sfamaedit020.w>. The page title is "Application for Free and Reduced Price School Meals". The left sidebar contains a "Steps" menu with options: Letter to Household, Instructions for Applying, Federal Income Chart, Use of Information Statement, Non-discrimination Statement, Income from Self-Employment, Application (with sub-steps Step 1: Child Names, Step 2: Benefits, Step 3: Gross Income, Step 4: Signature, and Optional: Racial and Ethnic Identities), and Sharing Information (Consent for Disclosure). The main content area is titled "Step 4 - Contact Information and Adult Signature". It includes a certification statement: "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 1." Below this are form fields for: Street Address (if available), City, Daytime Phone (with Ext. field), State, Zip Code, Printed name of adult completing the form, Today's Date, Signature of adult completing the form (with a "Click to Sign" button), and Email (optional).

15. Enter the children's ethnic and racial identity and click Next. **This is optional.**

The screenshot shows the "Optional - Children's Racial and Ethnic Identities" section of the application form. The text states: "We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals." There is a checkbox labeled "I would like to report this optional information". Below this are two sections: "Ethnicity (check one):" with radio buttons for "Hispanic/Latino" (selected) and "Not Hispanic/Latino"; and "Race (check one or more):" with checkboxes for "Asian", "American Indian or Alaska Native", "Black or African American", "White", and "Native Hawaiian or Other Pacific Islander".

16. **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.

Please note that to qualify for any fee or transportation discounts, your household must complete the Consent for Disclosure form. **This is optional.**

17. Once you have submitted your application, you may be able to View the Application and Print the Application.

**Food Service Applications**

Pending Application | View Application | Print Application

Application Date: Thu May 7, 2020 (Application Waiting For Approval)

**Household Members**

Names of Children	School Name	Student?	Foster Child	Homeless, Migrant, Runaway
Kid1 Test	High School	Yes	No	No
Kid2 Test		No	No	No

**Income Information**

Household Member Name	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
Parent Test 1	2,600.00	0.00	0.00
Mom Test	0.00	0.00	0.00
Dad Test	24,000.00	0.00	0.00
Child Income	19,500.00	0.00	0.00
<b>Total Annual Income: 46,100.00</b>			

Student (110)

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	

***If you need assistance completing the application or have questions about the process, please contact our office at 913-667-6200.***

*This institution is an equal opportunity provider.*