

Todos los artículos son configurados y mantenidos por su distrito escolar. Si no ve un determinado elemento o tiene preguntas sobre los elementos enumerados, comuníquese directamente con su escuela.

Pago de tarifas

Si su distrito utiliza el módulo de tarifas, verá las tarifas enumeradas en su tablero. Todas las tarifas son establecidas y mantenidas por su distrito escolar.

Las tarifas se pueden ordenar eligiendo el menú desplegable y ordenando por tipo de tarifa > el ícono del calendario estará disponible si su distrito permite pagos a plazos > pagar la tarifa Haga clic en el ícono del carrito de compras > se envían notificaciones de recordatorio para pagos programados > los pagos programados se pueden cancelar seleccionando tarifas programadas en el tipo de tarifa desplegable

Fees

All fees
All Fees

Search

Fee Name	End Date	Amount Due	Student	Action
HS spirit yard sign	10/28/22	\$10.00	Adam Elizabeth SMITH	 
Fee Type		Optional Fee		
AVON EAST - FIELD TRIP FEES	12/31/22	\$0.00	Brooke Rebecca Smith	 
Fee Type		Optional Fee		
HS spirit yard sign	10/28/22	\$10.00	Brooke Rebecca Smith	 
Fee Type		Optional Fee		

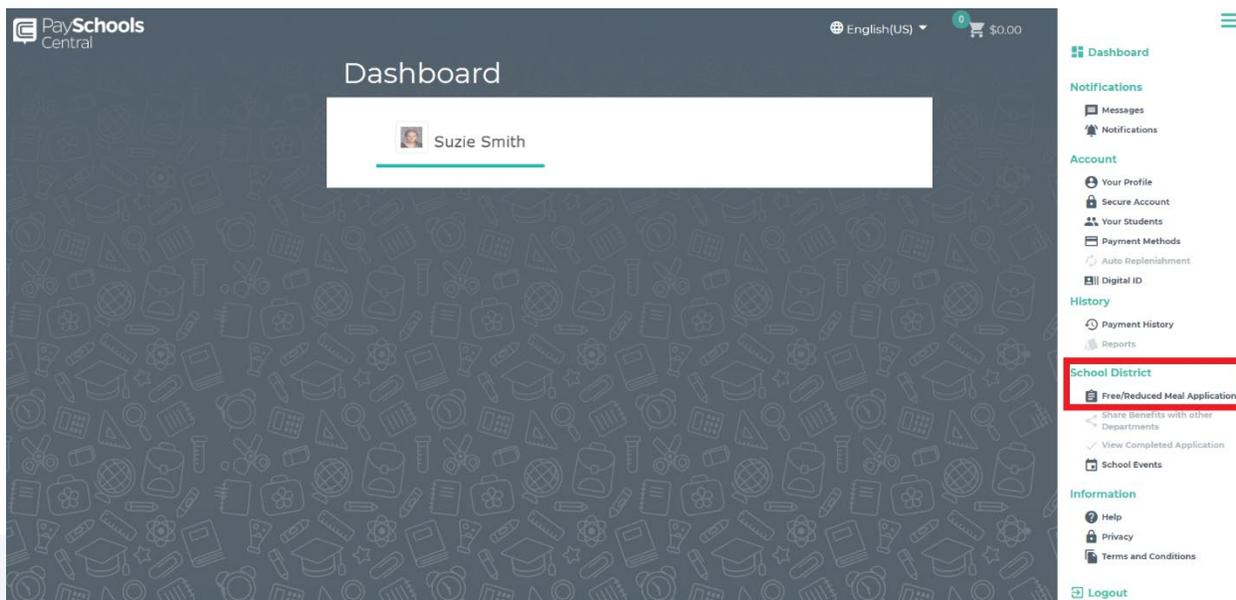
Puede o no tener la capacidad de ajustar el monto a pagar. Su distrito determina si puede pagar en cuotas o no. Si tiene alguna pregunta sobre sus tarifas, comuníquese directamente con su escuela.

Aplicación gratuita y reducida

Paso 1-

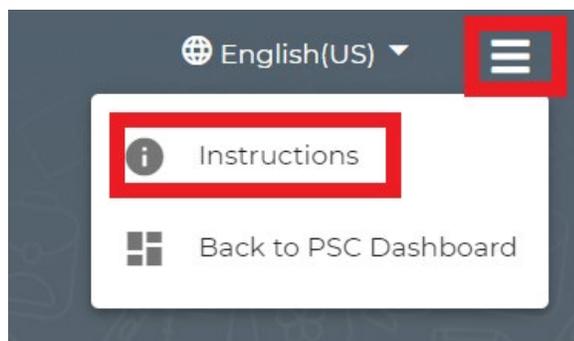
Una vez que su cuenta esté configurada en PaySchools Central, puede comenzar su solicitud gratuita / reducida > seleccionar la aplicación de comida gratuita / reducida desde su tablero.

- Se recomienda tener su contraseña e ingresos de PaySchools Central para todos los miembros de su hogar disponibles para este proceso.



Paso 2-

Las instrucciones sobre cómo completar una solicitud se encuentran a la derecha de la pantalla

**Paso 3-**

Su información de contacto se rellena previamente con la información de su perfil > verificar y / o alterar los cambios necesarios > Seleccione el método de contacto preferido; Los distritos utilizan para enviar una carta de determinación > Haga clic en continuar

 A screenshot of a 'Contact Information' form. The title 'Contact Information' is at the top. Below it are five tabs: 'Contact', 'Students', 'Members', 'Sign', and 'Disclosure'. The 'Contact' tab is active. The main content area is titled 'YOUR CONTACT INFORMATION' and contains the following fields:

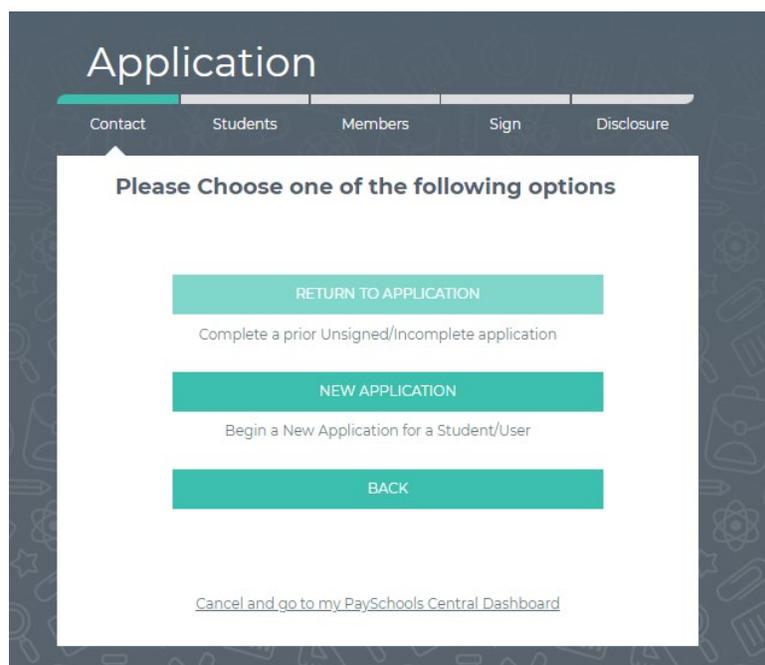
- First Name *
- Last Name *
- Email ID (with a help icon ?)
- Address Line 1
- Address Line 2
- Zip Code
- City
- State (with a dropdown arrow)

 At the bottom right, there is a logo for 'olPay' with the text 'on Product' below it.

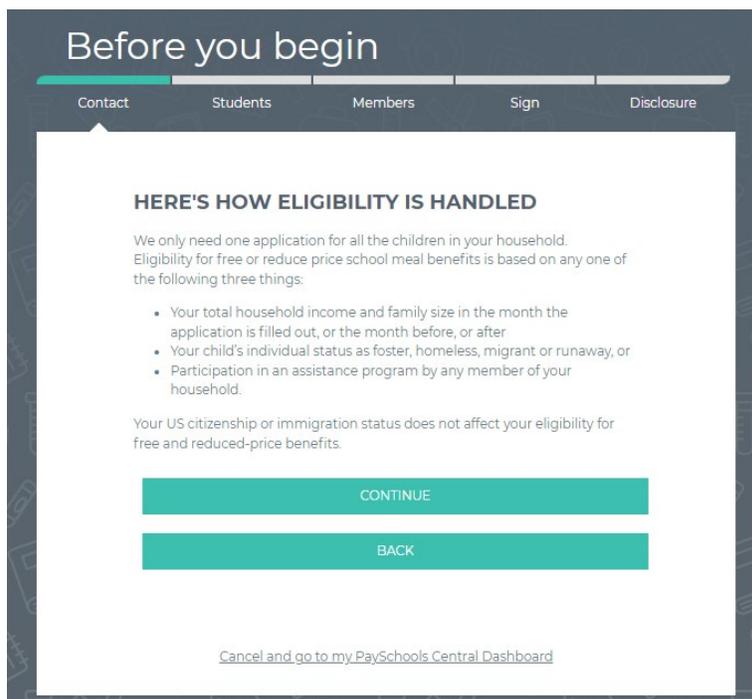
Paso 4-

Volver a la aplicación le permite completar una solicitud existente.

Seleccione **NUEVA SOLICITUD** para comenzar una solicitud para el año escolar actual

**Paso 5-**

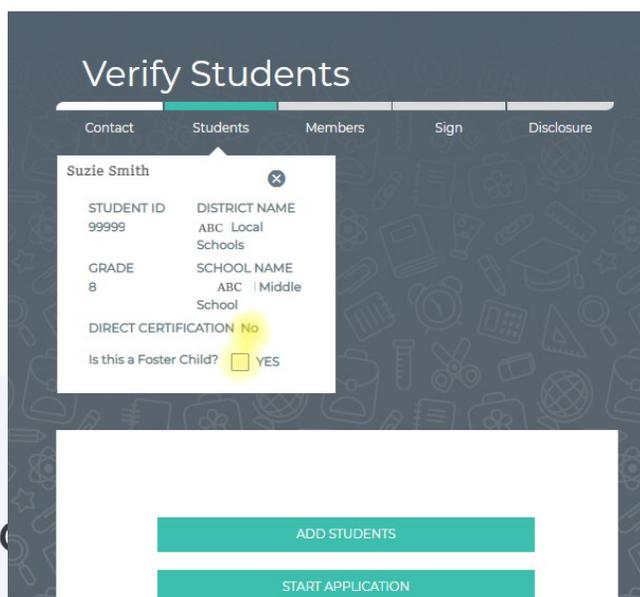
Lea el mensaje sobre cómo se deben ingresar los ingresos. Si no aparece ningún mensaje, SOLO verá el mensaje "Así es como se maneja la elegibilidad"



Paso 6-

Agregar/Verificar estudiantes > datos de la cuenta de estudiante (s) se mostrarán > Puede eliminar estudiantes haciendo clic en la "x" > Haga clic en Agregar estudiante si hay estudiantes adicionales en el hogar > Cuando haya terminado, Iniciar solicitud

- Si la **Certificación Directa** dice "Sí", no se necesita ninguna solicitud de su distrito
 - Si todos sus estudiantes en su hogar son DC, se le dirigirá a las opciones de divulgación para permitir o prohibir compartir el estado de su comida; la información generalmente se usa para eximir ciertas tarifas del distrito.
 - Si algunos, pero no todos los estudiantes son DC, puede extender los beneficios a los otros niños usando la opción EXTENDER A TODOS y seleccionando los que están actualmente en su solicitud > redirigidos para opciones de divulgación.
- Seleccione **FOSTER CHILD** solo para cualquier estudiante en su hogar, no se necesitarán ingresos ni información adicional para los estudiantes



Paso 7 -

Seleccione el tipo de asistencia si corresponde > introduzca el número de caso > continuar
O

Seleccione Ninguna de estas > Sí o No a los ingresos > Ingrese ingresos si corresponde, >
 Continuar

Para guardar y volver más tarde, haga clic en guardar y vaya a PaySchools Central Dashboard

Student Assistance

Contact Students Members Sign Disclosure

Lets determine if your student has state assistance or sources of income.

Some common sources of income for children are:

- A full-time or part-time job, or
- Supplemental Security Income (SSI), if the child is disabled, Social Security benefits for children of a disabled, retired, or deceased parent, or
- Money regularly received from extended family or friends outside of the household, or
- Money from a pension, annuity, or trust

Do not include infrequent earnings, such as income from occasional babysitting or mowing lawns.

Please answer for each of your students / patrons below.

Suzie Smith

Lola Drlik

Select Assistance Type *
 None of These

Select Special Situation *

Paso 8 -

Por favor, lea la información sobre lo que se considera un miembro en su hogar

- ✓ Se le agrega automáticamente a la aplicación como miembro
- ✓ Si la solicitud se presenta del año anterior, los miembros se agregan automáticamente
- ✓ Eliminar/Agregar miembros si es necesario

Verify Members

Contact
Students
Members
Sign
Disclosure

Students already added to the application from your school district **MUST NOT** be added in the members section.

You have been added automatically as a member to this application, but there may be additional members in your household.

Please remove or add members to this application based on this following definition.

A member is defined as:

- Students that are in grade 12 or below and attend school in another school district
- Children that attend all day care or preschool, or are not of school age, including infants
- Anyone 18 years of age or younger living in your household that does not currently attend school
- Grandparents or other extended family members that are living with you
- Also include people that are not currently living with you, but are only away on a temporary basis, like:
 - Kids that are away at college
 - Members of your family that are in the military, and are deployed

Include people regardless of age or whether they earn or receive income.

Parent Name

Paso 9 -

Ingrese Asistencia para Miembros (SNAP / TANF) > O ninguno de estos > ingrese Ingresos
 Los ingresos deben estar completos para cada tipo de campo seleccionado > Continuar

Para guardar y volver más tarde, haga clic en guardar y vaya a PaySchools C entral Dashboard

Member Assistance

Contact
Students
Members
Sign
Disclosure

Lets determine if your member has state assistance or sources of income

Do the members have income from the following sources?
 Remember to report current, gross income.
 There are 4 types of Income that can be reported here.

1. **Employment Income** - gross earning before deductions, include all jobs.
2. **Welfare/Child support** - Include welfare, child support and alimony payments.
3. **Government Income** - pension, social security, child SSI and permanent disability.
4. **Other** - Include withdrawals from savings account or any other income.

Member Name

Member Name

Select Assistance Type*
 None of These ▼

Does Lisa have income? Please select the checkbox to enter
 Income details. Yes No

Income from Work (gross income)

\$ Income * Select Frequency * ▼

Welfare/Child Support/Alimony(gross income)

\$ Income * Select Frequency * ▼

Paso 10 -

- Lea el uso de la información y la declaración de no discriminación del USDA > continuar

Statements

Contact Students **Members** Sign Disclosure

USE OF INFORMATION

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 (SNAP), 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.

USDA NON DISCRIMINATION STATEMENT

This institution is an equal opportunity provider

CONTINUE

BACK

[Save and Go to my Payscale Central Dashboard](#)

Paso 11 -

Revise la información ingresada > Editar si es necesario > Leer y certificar > continuar

Summary and Review

Contact Students Members **Sign** Disclosure

YOUR APPLICATION IS ALMOST COMPLETE!

Please confirm the details below. Use the Edit links below to make changes, once done you will return to this screen, or you can use the Continue button to move to the final steps.

Paso 12 -

Proporcione los últimos 4 de SSN o verifique si no corresponde > Ingrese el idioma preferido > Ingrese la contraseña de PaySchools Central > Haga clic en Firmar

The screenshot shows a web form titled "Sign your Application" with a navigation bar containing "Contact", "Students", "Members", "Sign", and "Disclosure". The "Sign" tab is active. The main heading is "SIGN YOUR APPLICATION".

SIGNER: Parent name
Please provide the last four digits of you/the signer Social Security number. If you do not have a Social Security number, please check the box below labeled 'No SSN/Not Applicable.'

Last 4 of SSN: ***-**-****. Enter last 4 digit of SS...

No SSN/Not Applicable

Preferred Language *
English(US)

ELECTRONIC SIGNATURE
I Certify (promise) that all information on this application is true and that all income is reported

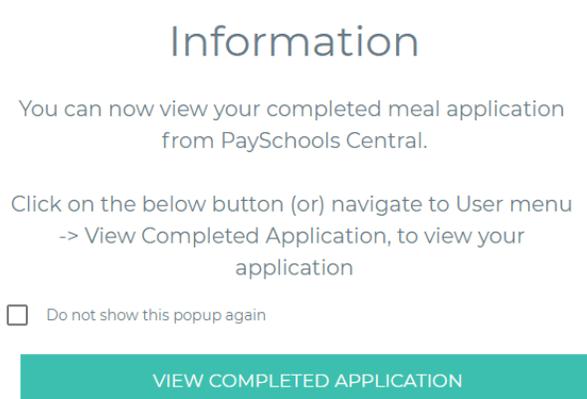
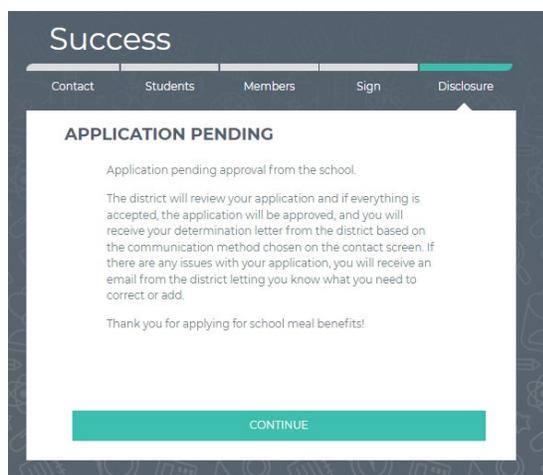
CONFIRM PASSWORD *

SIGN

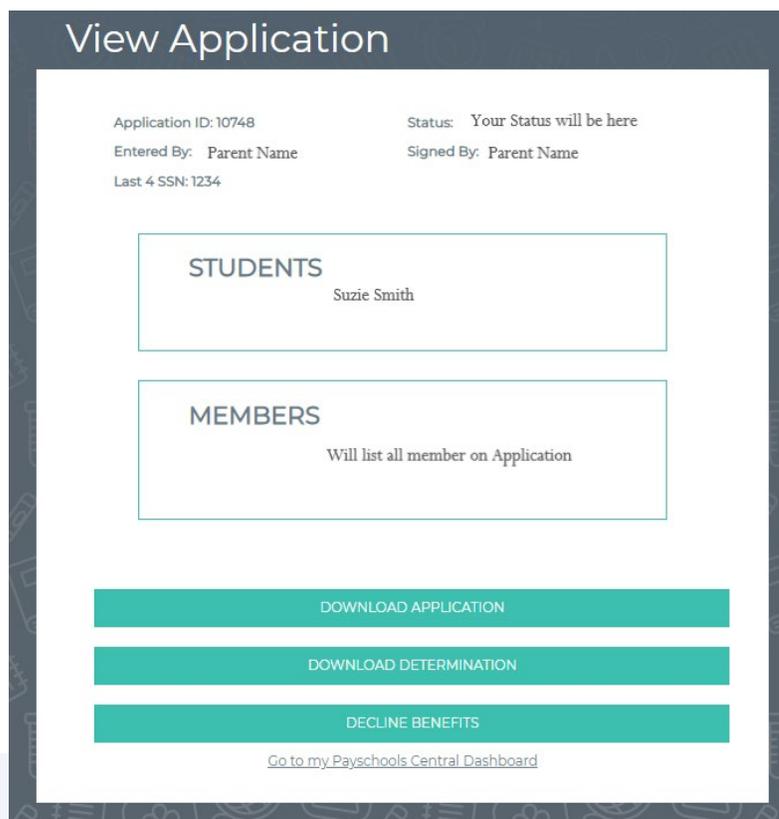
BACK

Paso 13 -

Si su distrito no aprueba automáticamente las solicitudes, se le notificará de un estado pendiente y se utilizará el método de contacto preferido para enviar la notificación Y una vez aprobada, un mensaje emergente notificará su solicitud completa.

**Paso 14 -**

Para ver su solicitud, puede seleccionar entre Descargar carta de determinación, descargar solicitud o rechazar beneficios (si su situación de ingresos cambia y ya no desea recibir)



Paso 15 -

Una vez aprobado, es importante volver a los **Beneficios compartidos con otros departamentos**: esto le permite a su distrito extender los beneficios a otros artículos, como las tarifas.

Disclosure Categories

Contact Students Members Sign **Disclosure**

SHARE MEAL BENEFIT WITH OTHER DEPARTMENTS

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. We must have your permission to share your information. Please read the description for each category carefully. Completing this form will not change whether your student(s) get free or reduced meals. Completing this waiver is NOT A REQUIREMENT for participation in any school nutrition program. Please choose the program(s) by selecting the check box by each program for the ones you wish to OPT IN and share your information with.

Are you willing to share your student's meal benefits with other departments in the district for a possible reduction in your fee costs? If so, the school has listed the different departments or areas you can choose below. Please check the box for which to share your meal benefit.

Suzie Smith

Check this box if you would like to share with ALL departments below

Instructional Fee Waiver

SIGNER: Parent name

ELECTRONIC SIGNATURE
I Certify (promise) that all information on this application is true and that all income is reported

CONFIRM PASSWORD *

Pay[®]
product