



Northwest Regional Data  
Center  
2121 W. Casino Road  
Everett, WA 98204

Website:  
<http://www.nwrdc.net>

# Food Service Online Application Entry in Family Access

Contact NWRDC Student Support:  
Hours: 7:30 – 4:30  
Email: [nwrdcstu@nwrdc.net](mailto:nwrdcstu@nwrdc.net)  
Phone (425) 349-6570  
FAX (425) 349-6686

## Documentation Key

**Path:** A sequence of clicks to access a specific area of Skyward

**Note:** Information provided to clarify a process or provide additional details



**Important message regarding functionality**

**Back:** A boxed word indicates a button in Skyward

**Hyperlink:** An underlined link to a new screen or process

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# Adding Online Meal Applications

You can add an application for free or reduced meals through the Applications hyperlink found in Family Access. When you submit an application for free or reduced meals, the information you provide is confidential and is only seen by the Food Service department. Access to the Applications tab may vary by the school that your child attends, however you only need to fill out one application that includes all members of your family.

This document walks you through the steps that are necessary to complete the Online Meal Application in Family Access. Once you have started the process, you will find additional information in the Letter to Households that will identify who you can contact in your district if you have any questions.

## Begin Adding an Application

When you begin adding an application for free and reduced meals, additional instructions are listed at the top of each page. You can quickly jump to a specific page by using the links in the column on the left side of the screen. However, we strongly recommend using the procedures below and the Next button at the top of each page to be sure you are completing all required steps.

To begin adding an Online Meal Application in Family Access:

1. Click on **Food Service** from the Family Access General Information tree on the left side of the screen.
2. If there are multiple students in your family, change from **All Students** in drop down in the top left of the screen and select an individual student to access the application.
3. Click on **Applications** to the right of the screen.

The screenshot shows the Family Access website interface. On the left is a navigation menu with 'Food Service' highlighted. At the top, a dropdown menu shows 'All Students' selected, with 'Bunny T. Abrahamsenscr' and 'Selma I. Abrahamsenscr' listed below. The 'Applications' tab is highlighted in the top navigation bar. The main content area displays 'Today's Lunch Menu' and 'Lunch Calendar' for 'Bunny' and 'Selma'. On the right, there is a 'Weekly Purchases For:' section with a table showing meal statements for various dates.

Student	Total	Key Pad Number
Bunny	\$0.00	0815927
Selma	\$0.00	0817206
Total	\$0.00	

4. And then click on **Add Application**.

Food Service Applications

Pending Application **Add Application** Print Application

No pending application was found.

Selma (103)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	FULL PRICE	No	Yes	

## Accepting the Letter to Households

The Letter to Households provides you with the basic information about how your child or children can qualify for free or reduced meals. Included in the letter is information on the cost of regular and reduced-priced meals, a Federal Income Chart that gives you qualification guidelines of income levels based on household size, some helpful information on application requirements, and district contact information if you have questions.

**NOTE:** You must acknowledge that you have read the Letter to Households before you can continue in the application process.

To accept the Letter to Households:

1. Review the Letter to Households and check the box **I have read the Letter to Households and would like to continue the application.**

Household Application for Free and Reduced-Price Meals

Steps: Household Application for Free and Reduced-Price Meals **Next** Print Back

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

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-5	\$0.00	\$0.00	\$0.00	\$0.00	K-3 All Other Students \$0.00	\$0.00
6-12	\$0.00	\$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 Phone Number.

**FEDERAL INCOME CHART**  
For School Year 2022-23

Household Size	Yearly	Monthly	Weekly
1	25,142	2,096	484
2	33,874	2,823	652

2. Click **Next**.

# Reviewing the Federal Income Chart

The Federal Income Chart, which is updated yearly, helps you determine whether your child qualifies for free or reduced-price meals based on your household income and size. This chart is for review.

1. After reviewing the chart if you find your household will not qualify for benefits, check the box provided and click **Next**. OR
2. If you believe you will qualify, just click **Next**.

Household Application for Free and Reduced-Price Meals																																					
<b>Steps</b> Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>Step 1: Student Names</li> <li>Step 2: Benefits</li> <li>Step 3: Gross Income</li> <li>Step 4: Household Members</li> <li>Step 5: Signature</li> <li>Step 6: Ethnicity and Race</li> <li>Step 7: Other Benefits</li> </ul> Review and Submit	<div style="text-align: right;"> <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <p><b>Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.</b> If you do not qualify for benefits or do not wish to complete an application, check the option below.</p> <p><input type="checkbox"/> I do not qualify for benefits or do not wish to complete an application</p> <p><b>FEDERAL INCOME CHART</b> For School Year 2022-23</p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>Yearly</th> <th>Monthly</th> <th>Weekly</th> </tr> </thead> <tbody> <tr><td>1</td><td>25,142</td><td>2,096</td><td>484</td></tr> <tr><td>2</td><td>33,874</td><td>2,823</td><td>652</td></tr> <tr><td>3</td><td>42,606</td><td>3,551</td><td>820</td></tr> <tr><td>4</td><td>51,338</td><td>4,279</td><td>988</td></tr> <tr><td>5</td><td>60,070</td><td>5,006</td><td>1,156</td></tr> <tr><td>6</td><td>68,802</td><td>5,734</td><td>1,324</td></tr> <tr><td>7</td><td>77,534</td><td>6,462</td><td>1,492</td></tr> <tr><td>8</td><td>86,266</td><td>7,189</td><td>1,659</td></tr> </tbody> </table> <p>Each Additional Person: 8,732    728    168</p>	Household Size	Yearly	Monthly	Weekly	1	25,142	2,096	484	2	33,874	2,823	652	3	42,606	3,551	820	4	51,338	4,279	988	5	60,070	5,006	1,156	6	68,802	5,734	1,324	7	77,534	6,462	1,492	8	86,266	7,189	1,659
Household Size	Yearly	Monthly	Weekly																																		
1	25,142	2,096	484																																		
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8	86,266	7,189	1,659																																		

# Reviewing the Privacy Act

The Privacy Act Statement explains how the district will use the information provide in your household application. This statement is for your review. Click **Next**.

Household Application for Free and Reduced-Price Meals	
<b>Steps</b> Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement <b>Application</b> <ul style="list-style-type: none"> <li>Step 1: Student Names</li> <li>Step 2: Benefits</li> <li>Step 3: Gross Income</li> <li>Step 4: Household Members</li> <li>Step 5: Signature</li> <li>Step 6: Ethnicity and Race</li> <li>Step 7: Other Benefits</li> </ul> Review and Submit	<div style="text-align: right;"> <a href="#">Previous</a> <a href="#">Next</a> <a href="#">Print</a> <a href="#">Back</a> </div> <p><b>Privacy Act Statement: This explains how we will use the information you give us.</b></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>

# Non-Discrimination Statement

The Non-Discrimination Statement explains what to do if you believe you have been treated unfairly. This statement is for your review. Click **Next**.

Household Application for Free and Reduced-Price Meals	
<b>Steps</b>	Household Application for Free and Reduced-Price Meals <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Print"/> <input type="button" value="Back"/>
Letter to Households Federal Income Chart Privacy Act Statement ➔ Non-discrimination Statement	<b>Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.</b>
<b>Application</b> <ul style="list-style-type: none"><li>• <b>Step 1:</b> Student Names</li><li>• <b>Step 2:</b> Benefits</li><li>• <b>Step 3:</b> Gross Income</li><li>• <b>Step 4:</b> Household Members</li><li>• <b>Step 5:</b> Signature</li><li>• <b>Step 6:</b> Ethnicity and Race</li><li>• <b>Step 7:</b> Other Benefits</li></ul>	<p>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>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>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: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a>, 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>(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>(2) fax: (833) 256-1665 or (202) 690-7442; or</p> <p>(3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></p> <p>This institution is an equal opportunity provider.</p> <p>NWRDC School District School District's Non-Discrimination Statement</p>
Review and Submit	

## Filling out the Household Application for Free and Reduced-Price Meals

Each of the following sections of the application requires you to enter your personal information regarding household members and income. The district only needs one application per household so information entered should reflect all members of your household. For more help, see the instructions that appear at the top of each page.

### Step 1: Student Names

**Step 1: Student Names** - Enter the names of all students living with you that attend school.

Directions to fill out this section:

1. If your child received free or reduced meals during the last school year, select the check box next to **Check here if you received meal benefits last year.**
2. If any children you are applying for qualify as homeless, migrant, or foster check the appropriate box. Children in these categories automatically qualify for free meals, but you must continue filling out the application.

**NOTE:** Information entered on the Household Application for Free and Reduced-Price Meals is not shared with other departments in the district, and the school also needs this information for program assistance.

3. Enter information in **Student's Last Name, Student's First Name, Date of Birth, School, and Grade** boxes for each student in your household.

**NOTE:** Use the student's legal name. This helps the Food Service Administrator when matching names to Food Service Customers in the district.

**NOTE:** Select the check box **Add More Names to Application** (at the top of the screen) if you need to enter more than five student names. This adds additional record lines to the application.

4. If any child you are applying for is a Foster child, Homeless (McKinney Vento) or Migrant, check the appropriate box.

5. Enter any Student Income.

Household Application for Free and Reduced-Price Meals

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**Application**

- Step 1: Student Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Household Members
- Step 5: Signature
- Step 6: Ethnicity and Race
- Step 7: Other Benefits

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

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
Abrahamsr	Selena		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/05/2010	Dahlia Elementary	05	\$0	▼
Abrahamsr	Bunny		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/01/2015	Dahlia Elementary	02	\$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	▼

6. Click **Next**.

7. A Zero Income window will display, verify that the information is correct and select **Yes** to continue.

**Zero Income**

Please verify that the student names listed here do not have income.

Are you sure you want to continue?

**Yes** No

## Step 2: Benefits

**Step 2: Benefit** - If any Household Members (including yourself) currently participate in Basic Food, TANF or FDPIR, check the box next to the appropriate program and enter your case number. And then click **Next**.

If you do not participate in one of the programs, simply click **Next**.

Household Application for Free and Reduced-Price Meals	
Steps	Household Application for Free and Reduced-Price Meals <span>Previous</span> <b>Next</b> <span>Print</span> <span>Back</span>
Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement	<b>2. Benefits.</b> 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.
<b>Application</b> <ul style="list-style-type: none"><li>• Step 1: Student Names</li><li>→ Step 2: Benefits</li><li>• Step 3: Gross Income</li><li>• Step 4: Household Members</li><li>• Step 5: Signature</li><li>• Step 6: Ethnicity and Race</li><li>• Step 7: Other Benefits</li></ul>	<input type="checkbox"/> Basic Food <input type="checkbox"/> TANF <input type="checkbox"/> FDPIR Case Number: <input type="text"/>
Review and Submit	

## Step 3: Gross Income

**Step 3: Gross Income** - List the names of all other household members and any income they contribute.

**NOTE:** If you provided a case number for any household member (other than Foster) in Step 2, you are not required to fill out this section. Click **Next** and go to Step 4.

1. Enter information in the **Names of ALL other household members (do not include students), Foster Child checkbox, Earnings from Work (before Deductions), Child Support, Alimony, Pensions, Retirement, Social Security (SSI), Any Other Income Not Already Listed** for all adults and children *not in school* that live in your household.

**NOTE:** Click the drop-down arrow next to any income box to select the frequency of the income. For a description of the frequency codes, double-click in the box.

**NOTE:** Check the box **Add More Names to Application** (at the top of the screen) if you need to enter more than six household members. This adds additional record lines to the application.

**Household Application for Free and Reduced-Price Meals**

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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

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 H	\$50 H
Gerard Cicerhiascher	<input type="checkbox"/>	\$500 W	\$0	\$0	\$0
Mary Abrahamenscr	<input type="checkbox"/>	\$300 W	\$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

2. Click **Next**

## Step 4: Total Household Members

**Step 4** - You must enter the total number of members living in your household.

1. In the **Total Household Members** box, enter the number of people living in your household. This number should include students, non-students and all adults.
2. Enter the last four digits of the social security number (SSN) of the primary wage earner or check the box if no SSN.

**Household Application for Free and Reduced-Price Meals**

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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

Review and Submit

3. Click **Next**.

## Step 5: Signature

**Step 5** - Certify the information you have using an electronic signature and entering the requested information. An electronic signature is used in this section so the application can be submitted online.

1. Enter the name of the Adult household member filling out the application
2. Click on **Click to Sign** under the Adult Household Member Signature. This will take you to the Electronic Signature Agreement. Read and click **I Agree**.
3. Enter address, telephone, and email information (this information is *optional*).

**Note:** Printed Name is the only required field on this page.

Household Application for Free and Reduced-Price Meals

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Application

- Step 1: Student Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Household Members
- **Step 5: Signature**
- Step 6: Ethnicity and Race
- Step 7: Other Benefits

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.

Gerard Cicerchiascr  
\* Printed Name of Adult Household Member

Mailing Address  
City, State & Zip Code  
Daytime Phone

E-mail Address  
Date

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

4. Click **Next**

## Step 6: Ethnicity and Race

**Step 6** - Important information is asked regarding ethnicity and race to help make sure the district is fully serving the community. Answering is optional and does not affect eligibility.

1. If you would like to skip this section, click **Next**, otherwise check the box next to **I would like to report this optional information**.
2. Mark one or more racial identities
3. Mark one ethnic identity.
4. Click **Next**

Household Application for Free and Reduced-Price Meals	
Steps	Household Application for Free and Reduced-Price Meals <span>Previous</span> <b>Next</b> <span>Print</span> <span>Back</span>
Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement	<p><b>6. Children's Racial And Ethnic Identities (Optional)</b> 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 &amp; reduced-price meals.</p> <p><input checked="" type="checkbox"/> I would like to report this optional information</p> <p>Mark one or more racial identities: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input checked="" type="checkbox"/> White</p> <p>Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino  <input checked="" type="checkbox"/> Not Hispanic or Latino</p>
<p><b>Application</b></p> <ul style="list-style-type: none"> <li>Step 1: Student Names</li> <li>Step 2: Benefits</li> <li>Step 3: Gross Income</li> <li>Step 4: Household Members</li> <li>Step 5: Signature</li> <li><b>Step 6: Ethnicity and Race</b></li> <li>Step 7: Other Benefits</li> </ul> <p>Review and Submit</p>	

## Section 7: Other Benefits

**Section 7 - Other Benefits** allows you to share your free or reduced meal status with other programs within the school or district. Sharing this information may qualify the student for a reduction in fees. Other Benefits is optional. If you choose to share your meal status you will need to fulfill separate signature requirements.

1. Check the box next to the program(s) you wish to share the information with for a possible reduction in fees.
2. Select the **Click to Sign** link. This enters the text <Signed Electronically> in the Signature of Parent/Guardian box and the current date in the Date box. Accept the Electronic Signature Agreement to continue.
3. In the **Printed Name** box, enter your name.

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Steps	Household Application for Free and Reduced-Price Meals <span>Previous</span> <b>Next</b> <span>Print</span> <span>Back</span>
Letter to Households Federal Income Chart Privacy Act Statement Non-discrimination Statement	<p><b>7. Other Benefits.</b> Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees.</p> <p>Name of program specific to your school <span>Select All</span>  <input checked="" type="checkbox"/> ASB Card <span>Unselect All</span>  <input checked="" type="checkbox"/> Summer Programs</p> <p>By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.  Signature of Parent/Guardian: <input type="text"/> <span>Click to Sign</span> Date: <input type="text"/></p> <p><b>Print Name:</b> Gerard Cicerchiascr</p> <p>For more information, you may Kris P. Bacon.</p>
<p><b>Application</b></p> <ul style="list-style-type: none"> <li>Step 1: Student Names</li> <li>Step 2: Benefits</li> <li>Step 3: Gross Income</li> <li>Step 4: Household Members</li> <li>Step 5: Signature</li> <li>Step 6: Ethnicity and Race</li> <li><b>Step 7: Other Benefits</b></li> </ul> <p>Review and Submit</p>	

4. Click **Next**.

# Reviewing and Submitting your Online Application

In the final step of completing your Household Application for Free and Reduced-Price Meals, you review the information you entered on the application and submit it for the district Food Services Department to review.

On the Review and Submit page, you will see an option to **Submit Application**. If errors are detected, you will see instructions to review the completed application and fix any indicated errors, along with a message indicating where the error is and what needs fixed before the application can be submitted for approval.

## To Review and Submit the Online Application

1. Review the Household Application for Free and Reduced-Price Meals for complete and accurate information.

**NOTE** If you need to make additions or corrections to the application you can jump directly to the page you need by selecting the option from the **Sections** tree on the left-hand side of the screen.

2. Click **Print** to save a hard copy of the application you are about to submit.
3. Click **Submit Application**.

**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.

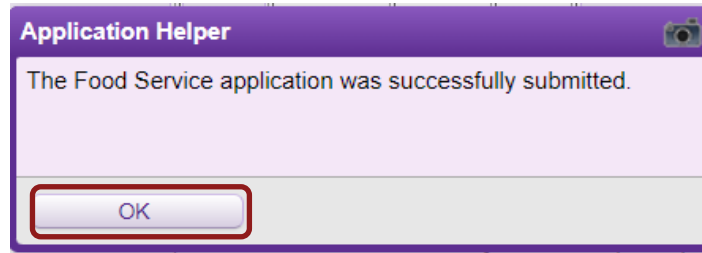
Student's Last Name	Student's First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	How Often?
Abrahamsencr	Selena		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/05/2010	Dahlia Elementary	05		
Abrahamsencr	Bunny		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03/01/2015	Dahlia Elementary	02		
			<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
Gerard Cicerchiascr	<input type="checkbox"/>	500 W			
Mary Abrahamsencr	<input type="checkbox"/>	300 W			
	<input type="checkbox"/>				
	<input type="checkbox"/>				

- Once you have selected Submit Application, the application is sent electronically to the Food Services department, and you will receive a confirmation that it was successfully submitted.



- Click OK and you will be returned to the Food Service Applications window in Family Access. Use the X to close the Food Service Applications window and return to the main screen.

**Food Service Applications** [Close]

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

Application Date: Thu Nov 3, 2022 (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?
Abrahamenscr, Selena,	Dahlia Elementary	05	No
Abrahamenscr, Bunny,	Dahlia Elementary	02	No

Household Member Name	Earnings from Work	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
Gerard Cicerchiascr	26,000.00	0.00	0.00	0.00
Mary Abrahamenscr	15,600.00	0.00	0.00	0.00
Total Annual Income: 41,600.00				

Selma (103)

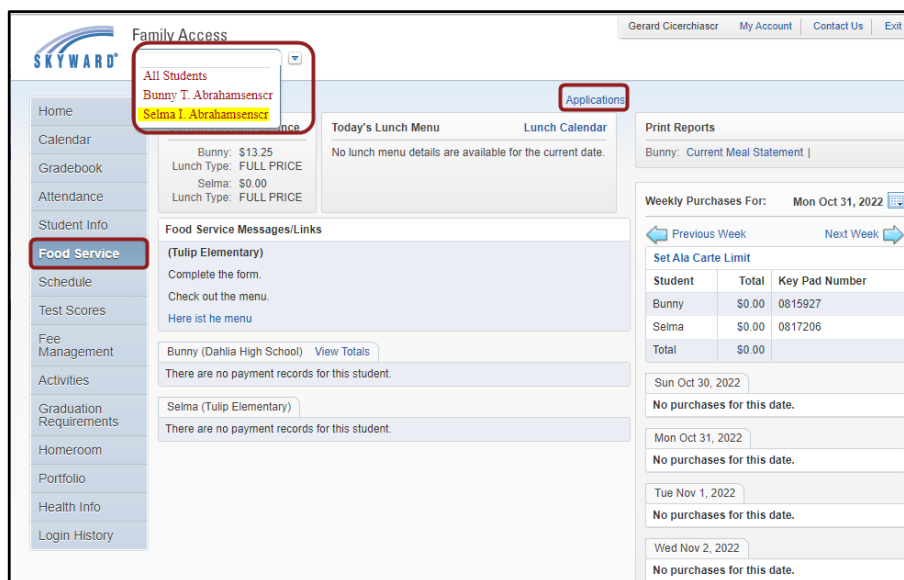
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	FULL PRICE	No	Yes	

# Viewing and Printing Pending Applications

After submitting a Household Application for Free and Reduced Price-Meals, you can view a summarization of your Pending Application Information on the Food Services Submit a Food Service Application link. The access you have to view the entire pending application and print applications is dependent on your child's school settings.

To view and print pending applications:

1. Click on **Food Service** from the Family Access General Information tree on the left side of the screen.
2. If there are multiple students in your family, change from **All Students** in drop down in the top left of the screen and select an individual student to access the application.
3. Click on **Applications** to the right of the screen.



4. To update the pending application, click **Update Pending Application**. You can click **Next** to move through the pages or select a page from the Steps tree on the left side of the screen. When you have finished making changes, click **Submit**.
5. To view the pending application, click **View Application**. You can click **Next** to move through the pages or select a page from the Steps tree on the left side of the screen. When you have finished reviewing the application, click **Back**.

6. To print the pending application click **Print Application**. Once the application opens, click **Print** again, select your printer, and click **Print** one more time. Once the application has printed, click **Back**. Use the **X** to close the Food Service Applications window and return to Family Access.

**Food Service Applications** ✕

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

**Application Date: Thu Nov 3, 2022 (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?
Abrahamenscr, Selena,	Dahlia Elementary	05	No
Abrahamenscr, Bunny,	Dahlia Elementary	02	No

Household Member Name	Earnings from Work	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
Gerard Cicerchiascr	26,000.00	0.00	0.00	0.00
Mary Abrahamenscr	15,600.00	0.00	0.00	0.00
<b>Total Annual Income: 41,600.00</b>				

Selma (103)

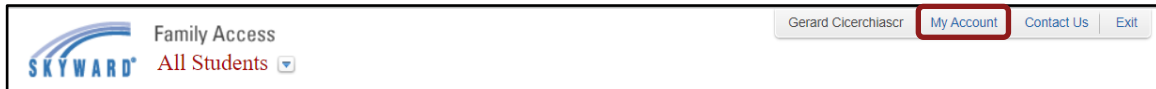
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	FULL PRICE	No	Yes	

# Sign Up to receive Low Balance Notifications in Family Access

Another feature of Family Access is that you can sign up to receive Food Service Low Balance Notifications when your student's balance falls below an amount set by the District. You can receive these as an email, wall message in Family Access or bot.

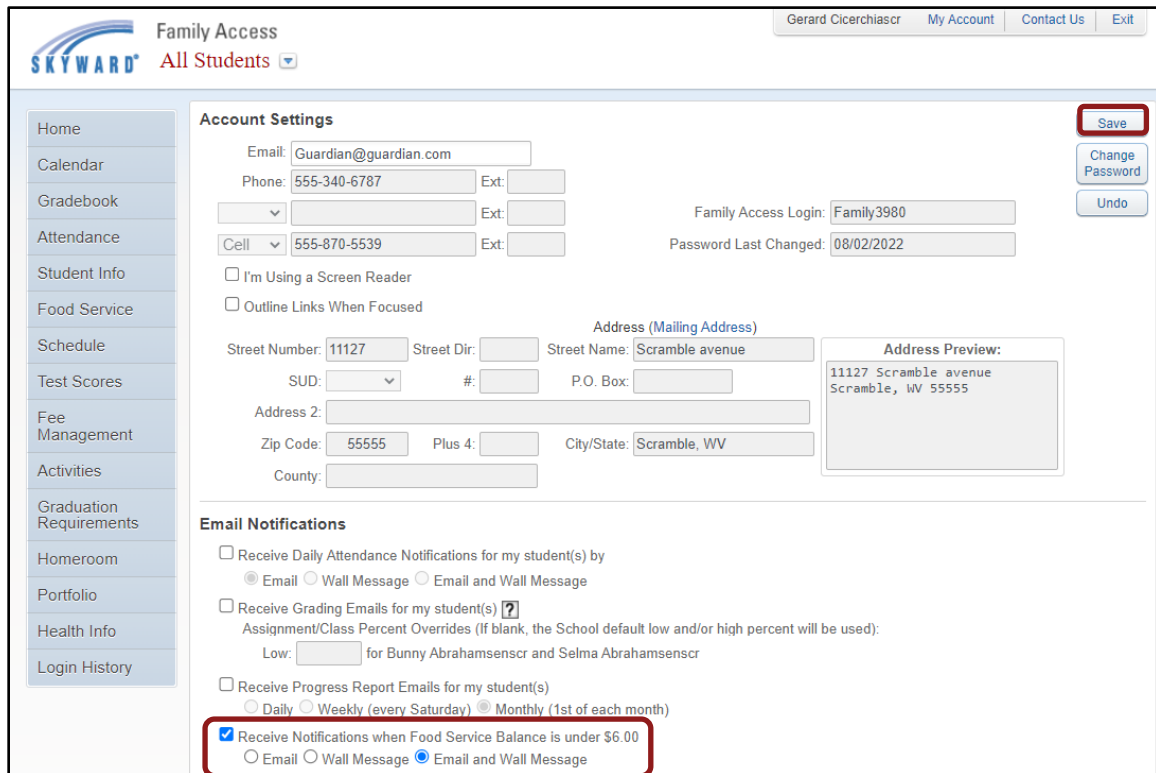
To set up notifications when Food Service balance is low:

1. From the Family Access main screen, select **My Account**



2. In Account settings, check the box to **Receive Emails when Food Service Balance is under** (the amount is preset by your district). And select from the choices of Email, Wall Message or Email and Wall Message.

3. Click **Save**

A screenshot of the Family Access Account Settings page. The page shows various fields for user information, including email, phone, and address. The 'Email Notifications' section is expanded, showing several notification options. The checkbox for 'Receive Notifications when Food Service Balance is under \$6.00' is checked and highlighted with a red box. Below this checkbox, the radio button for 'Email and Wall Message' is selected. The 'Save' button in the top right corner is also highlighted with a red box. A sidebar on the left contains navigation links for Home, Calendar, Gradebook, Attendance, Student Info, Food Service, Schedule, Test Scores, Fee Management, Activities, Graduation Requirements, Homeroom, Portfolio, Health Info, and Login History.