

Online Electronic Free and Reduced Meal Application

1. Select [Skyward Family Access](#) (this link takes you to Skyward Family Access) to get to the Skyward Homepage and select the Skyward Family Access Link.

SKYWARD®

TAHOMA SCHOOL DISTRICT
TAHOMA S.D. #409

Login ID:

Password:

[Sign In](#)

[Forgot your Login/Password?](#)

05.22.02.00.04

Login Area:

2. Enter your login and password. (If you do not have a login you will need to contact your child's school office and they will give you your username and password upon identity verification.)
3. Once you are logged in, select an individual student at the top, then click on **Food Service** and then **Applications** at the top.

Family Access

SKYWARD Your Student's Name

My Account Contact Us Exit

District Links

Home

New Student Online Enrollment

Online Forms

Calendar

Gradebook

Attendance

Student Info

Food Service

Schedule

Test Scores

Educational Milestones

Graduation Requirements

Academic History

Report Cards & Portfolio

Food Service

Click Here → Applications

Current Account Balance

LUCAS: \$14.00
Lunch Type: PAID

Today's Lunch Menu

No lunch menu details are available for the current date.

Lunch Calendar

Print Reports

Meal Statement |

Food Service Messages/Links

Weekly Purchases For: Mon Mar 28, 2022

← Previous Week Next Week →

Set Purchase Limit

Week Total: \$0.00

Key Pad Number: 0968903

Item	Price
Sun Mar 27, 2022	
No purchases for this date.	
Mon Mar 28, 2022	
No purchases for this date.	
Tue Mar 29, 2022	
No purchases for this date.	
Wed Mar 30, 2022	
No purchases for this date.	
Thu Mar 31, 2022	
No purchases for this date.	
Fri Apr 1, 2022	
No purchases for this date.	

4. Next, a pop-up window will appear. Click on **Add Application**:

Food Service Applications

Pending Application **Add Application** Print Application

No pending application was found.

Student's Name

Click Here

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
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Next you will follow the steps on the left hand side of screen.

Please note: You can print any form by clicking on the print button in the upper right hand corner



Read Letter to Parents, click "Next"

Multi-Child Free and Reduced-Price School Meals Application		Back
Steps	Multi-Child Free and Reduced-Price School Meals Application	Click Here
Letter to Parents	Letter to Parents	Next
Instructions for Applying		Print
Federal Income Chart		
Privacy Act Statement		
Non-discrimination Statement		
Application	<p>Dear Parent/Guardian:</p> <p>Children need healthy meals to learn. Junior High Schools offers healthy meals every school day. Breakfast costs \$1.35; lunch costs \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch.</p> <ol style="list-style-type: none">Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information.Who can get free meals? Children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program) or TANF can get free meals regardless of your income. Your benefit letter from the Texas Health and Human Services Commission (HHSC) is your documentation for free meals. If you have not already received a letter from your school stating that your household is eligible for free meals, you may take your HHSC benefit letter to your child nutrition office to be certified for free meals. If a child in your household is directly certified due to receiving SNAP or TANF benefits, all children of your household are eligible for free meals. If a child in your household is not included on the Letter of Direct Certification, sent to you by the LEA, or if you have questions, call the school at 972-429-2333 ☎.Should I fill out an application if I received a letter this school year saying my children are approved for free meals? In most cases no, however, read the letter you got carefully and follow the instructions. Call the school at 972-429-2333 ☎ if you have questions or a member of your	
Review and Submit		

If you are applying for a foster child, please submit a paper application.

Review Instructions for Applying, ✓ box that you have read instructions, click "Next"

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Steps	Multi-Child Free and Reduced-Price School Meals Application	Click Here
Letter to Parents	Instructions for Applying. Please select the option below after reviewing all information. Questions can be directed to contact information supplied in the Letter to Parents.	Next
Instructions	<input type="checkbox"/> I have read the Instructions for Applying and would like to continue the application.	Print
Federal Income Chart		
Privacy Act Statement		
Non-discrimination Statement		
Application	<ul style="list-style-type: none">Part 1: List each child's name, name of the school and check the box if the child is a foster child, the grade and their Eligibility Group Number for SNAP or TANF (if any). Optional (Social Security Number or Student I.D.). Foster children no longer need to be on a separate application.Part 2: If a child in your household is homeless, migrant or runaway, check the appropriate box and call the school's administrative offices at the telephone number provided.Part 3: Follow these instructions to report last month's household income. Column 1 - Name: List the first, middle initial, and last name of each person living in your household, related or not (such as grandparents, other relatives or friends). You must include yourself and all children. Attach another sheet of paper if needed. Column 2 - Income and how often it is received: For each person who receives income, write the amount received and how often it is received - weekly (W), every 2 weeks (B), twice a month (T) or monthly (M). Employment Income: List the gross income for each person. It is not the same as take-home pay. Gross Income is the amount earned before taxes and deductions. It should be listed on your pay stub or your employer can tell you. Next to the amount, write how often you receive it - weekly (W), every 2 weeks (B), twice a month (T) or monthly (M). Other Income: List the amount each person receives from all other sources. Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household and ANY OTHER INCOME. Report net income for self-owned business, farm or rental income. Next to the amount write how often the person receives it.	
Review and Submit		

Review Federal Income Chart, click "Next"

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Letter to Parents
 Instructions for Applying
 Federal Income Chart
 Privacy Act Statement
 Non-discrimination Statement

Application

- Part 1: Child Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature

Review and Submit

Your children may qualify for free or reduced price meals if your household income falls within the limits on the chart.

FEDERAL INCOME CHART
For School Year 2013-14

Household Size	Yearly	Monthly	Twice Per Every Two		
			Month	Weeks	Weekly
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	37,131	3,011	1,506	1,390	695
4	46,568	3,877	1,939	1,808	838
5	56,005	4,667	2,334	2,164	981
6	65,442	5,457	2,729	2,548	1,124
7	74,879	6,247	3,124	2,932	1,267
8	84,316	7,037	3,519	3,216	1,410
Each Additional Person:	7,437	620	310	287	144

Review Privacy Act Statement, click "Next"

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- Part 4: Signature

Review and Submit

Privacy Act Statement: This explains how we will use the information you give us.

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.

Review Non-Discrimination Statement, click "Next"

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- Part 3: Gross Income
- Part 4: Signature

Review and Submit

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Enter appropriate information regarding your Children in School, click "Next"

Multi-Child Application for Free and Reduced-Price School Meals

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- Step 1: Child Names
- Step 2: Benefits
- Step 3: Gross Income
- Step 4: Signature

Review and Submit

Step 1. List ALL Household Members who are infants, children, and students up to and including grade 12. If more spaces are needed, use Additional Household Member Sheet. **If every child** listed in Step 1 is a participant in one of the programs listed above, skip Steps 2 and 3 to Step 4.

Add More Names to Application

Definition of **Household Member**: Anyone who is living with you and shares income and expenses, even if not related. Please read the definition information. Children in **Foster care** and children who meet the definition of **Homeless, Migrant, or Runaway** or who participate in **Head Start** are eligible for free meals.

	List each child's name (First, Middle Initial, Last)	Optional: Student ID Number	Student Attends School in District?	Check all that apply				
				Foster	Head Start	Homeless	Migrant	Runaway
	(Example) Student A. Smith		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	Smith	05/25/2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate if student is a participant in an assistance program, click "Next"

Multi-Child Application for Free and Reduced-Price School Meals

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- Step 1: Child Names
- Step 2:

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

SNAP, TANF, or FDPIR

If you didn't check the box: Go to Step 3.

If you checked the box: Write the Eligibility Determination Group Number (EDG) in this space, skip Step 3, and go to Step 4.

EDG:

Update Household Members Gross Income, click "Next"
(Please insure ALL household members are listed regardless of income)

Multi-Child Application for Free and Reduced-Price School Meals

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 • **Step 3: Gross Income**
 • Step 4: Signature
 Review and Submit

Step 3. Report Income for ALL Household Members (Skip this step if you entered an EDI)

Add More Names to Application

Please read **Directions 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. Income for Children in the Household
 Record total income by frequency for all children listed in Step 1.

Gross Income and How Often It Was Received ?

Child	Child Income	Frequency
1	\$5,000	E

B. Income for 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 receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Week per Month, M=Monthly, A=Annually. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank, you are certifying 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 ?			
	Work Earnings	Public Assistance, Child Support, Alimony	Pensions, Retirement, Social Security, Supplemental Security Income	All Other
(Example) Jane A. Smith	\$200 E	\$150 E	\$100 M	\$50 M
1. Susie Smith	\$0	\$0	\$0	\$0
2.	\$0	\$0	\$0	\$0
3.	\$0	\$0	\$0	\$0
4.	\$0	\$0	\$0	\$0
5.	\$0	\$0	\$0	\$0
6.	\$0	\$0	\$0	\$0

Total Household Members (Children and Adults): 2

* Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: ****-**-5555 OR Check if no SSN

To Complete Signature – Click "Click to Sign" then click "I Agree"
Update rest of form, click "Next"

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 • **Part 4: Signature**
 Review and Submit

Part 4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. **IF Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "No Social Security Number" box.** See Privacy Act Statement

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

* Sign here: <Signed Electronically> Click Here * Print Name: Susie Smith

Date: 08/02/2013 Home Telephone: (111) 111-1111 Ext:

Address: 1111 Wylie Dr Work Telephone: (222) 222-2222 Ext:

City: Wylie State: TX Zip Code: 75098

* Last Four Digits of SSN: ****-**-1111 OR I do not have a SSN

Email Address: myemail@yahoo.com

By providing your email address, you may be notified by email of your eligibility for free and reduced price school meals.

Electronic Signature Agreement

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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.



Review Application, Print for your records and click "Submit Application"

Multi-Child Free and Reduced-Price School Meals Application

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Steps: Multi-Child Free and Reduced-Price School Meals Application

Please review the completed application and click the button to submit the application.

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

Part 1. Children in School
If you listed an Eligibility Group # for SNAP/TANF, skip to Part 4.

Legal Name of Child First Name, Middle Initial, Last Name	Birthdate	School Name	Grade	Check if a Foster Child	Eligibility Group # for SNAP or TANF (if any)
Smith	05/25/2000	Bennett Jr High	07	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Part 2. Homeless, Migrant or Runaway
If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school's administrative offices at Dr. Gerritt 872-426-2387 (p).

Child Status: Homeless Migrant Runaway

Part 3. Household Members and Gross Income From Last Month
List each person in the household, including students listed in Part 1. For each person who receives income, list the amount received and how often it was received.

1. Full Legal Name First Name, Middle Initial, Last Name	2. Gross Income and How Often It Was Received				Check if No Income
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
Smith	\$0.00	\$0.00	\$0.00	\$0.00	<input checked="" type="checkbox"/>
Sarah Smith	\$0.00	\$0.00	\$0.00	\$0.00	<input checked="" type="checkbox"/>
	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>

