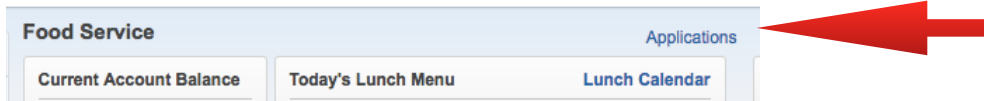


Online Applications for Free/Reduced Meals

The link during the Online Registration process allows you to submit an online application for free or reduced meals to the district Food Service department. You can also access the application by clicking on the word Applications on one of your children's Food Service page. YOU WILL ONLY COMPLETE AND SUBMIT ONE APPLICATION PER FAMILY.

1. Click the Applications link.



2. Click Add Application.

3. A letter explaining the application process displays; click Next 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.

Application for Free Milk/Meal and Reduced-Price Meals	
<p>Steps</p> <p>Letter to Parents</p> <p>➔ Instructions for Applying</p> <p>Privacy Act Statement</p> <p>Non-discrimination Statement</p> <p>Federal Income Chart</p> <p>Application</p> <ul style="list-style-type: none"> • Part 1: Household Names • Part 2: Child Status • Part 3: Gross Income • Part 4: Signature • Part 5: Ethnicity and Race • Part 6: Sharing Information <p>Review and Submit</p>	<div style="text-align: right;"> Previous Next Print Back </div> <p>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.</p> <p><input checked="" type="checkbox"/> I have read the Instructions for Applying and would like to continue the application</p> <hr/> <p>A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.</p> <p>IF SOMEONE IN YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:</p> <p>Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. Part 2: Skip this part. Part 3: Skip this part. Part 4: Sign the form. The last four digits of a Social Security Number are not necessary. Part 5, 6: Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)</p> <p>IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOURHOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTIONS:</p> <p>Part 1: List all household members and the name of school for each child. Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school Part 3: Complete only if a child in your household isn't eligible under Part 3. See instructions for All Other Households Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number or mark the box if s/he doesn't have one. Part 5, 6: Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)</p> <p>IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:</p> <p>If all children in the household are foster children that are the legal responsibility of a foster care agency or court: Part 1: List all foster children and the school name for each child. Check the 'Foster Child' box for each foster child. Part 2: Skip this part. Part 3: Skip this part. Part 4: Sign the form. The last four digits of a Social Security Number are not necessary. Part 5, 6: Children's Racial and Ethnic Identities, and All Kids Information: Answer these questions if you choose to. (Optional)</p> <p>If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court: Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the 'No Income' box. Check the 'Foster Child' box for each foster child. Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school Part 3: Follow these instructions to report total household income from this month or last month. <ul style="list-style-type: none"> • Box 1-Name: List all household members with income. • Box 2-Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received - weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income. </p>

5. Review the Federal Income Chart and select the box if you do not qualify for benefits or do not wish to continue. Click Next.

Application for Free Milk/Meal and Reduced-Price Meals	
<p>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.</p> <p><input type="checkbox"/> I do not qualify for benefits or do not wish to complete an application</p>	<div style="text-align: right;"> Previous Next Print Back </div>

6. Read the Privacy Act Statement and any other statements, such as the Nondiscrimination Statement; click Next.

7. Enter all household members. This includes all guardians, your student's, and children under school age. Select the appropriate boxes and click Next.

Free and Reduced Price School Meals Family Application

Steps: Free and Reduced Price School Meals Family Application [Previous](#) [Next](#) [Print](#) [Back](#)

Letter to Parents
 Instructions for Applying
 Federal Income Chart
 Privacy Act Statement
 Non-discrimination Statement
Application
 → **Part 1:** Household Names
 • **Part 2:** Benefits
 • **Part 3:** Gross Income
 • **Part 4:** Signature
 • **Part 5:**

PART 1. ALL HOUSEHOLD MEMBERS
 Add More Names to Application

Names of All People Living in Your Household (First, Middle Initial, Last)	School the child attends, or indicate 'NA' if household member is not in school	Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to Part 4 to sign this form.					Check if NO Income
		Foster	Homeless	Migrant	Runaway	Head Start	
(Example) Jane A. Smith	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argentina Abastascr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jon Abbotscr	High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8. A validation message will appear, asking you to verify that the household members listed do not have income.

9. If appropriate, enter the benefit information, and click Next.

PART 2. BENEFITS
 If **any** member of your household receives **FoodShare, FDPIR or W-2 Cash Benefits**, provide the name of the household member, the program name, and case number (**not a Quest Card number**) for the person who receives benefits and skip to **Part 4**. If no one receives these benefits, go to **Part 3**

Name: Program Name:
 Case Number:

10. Enter the Total Household Gross Income information, and click Next. Note: Based on the household information provided earlier, names were copied into this section. Review the names and remove them, if necessary, based on the application instructions.

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Select the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Add More Names to Application

1. Full Name First Name, Middle Initial, Last Name	2. Gross Income and How Often It Was Received [?]							
	Earnings from Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income				
(Example) Jane A. Smith	\$199.99	W	\$149.99	B	\$99.99	M	\$50.00	M
Argentina Abastascr	\$1,125.00	B	\$0.00		\$0.00		\$0.00	

11. Sign the application and enter the last four digits of your Social Security Number. The signature you provide will be an electronic signature.

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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: * Print Name:

Date: Home Telephone: Ext:

Address: Work Telephone: Ext:

City: State: Zip Code:

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

Email Address:

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.

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

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

I would like to report this optional information

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

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

13. Complete the information on All Kids if desired. This is optional.

Application for Free Milk/Meal and Reduced-Price Meals Previous Next Print Back

6. Sharing Application Information With All Kids - All Kids program is a complete healthcare program for every child in Illinois. (Optional)

No! **I DO NOT** want information from my Household Eligibility Application shared with *All Kids*

Signature of Parent/Guardian: [Click to Sign](#) Date:

Printed Name:

14. 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.

Application for Free Milk/Meal and Reduced-Price Meals Previous Print Back

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

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

1. All Household members - Complete One Application Per Household Per School District. Skip to Part 4 if you list a SNAP or TANF case number. A foster child is the legal responsibility of a welfare agency or court. School Name and Grade columns are for students only.

SCHOOL USE ONLY: Check if Error Prone Application

Legal Name of Household Names (First, Middle Initial, Last)	Birthdate	School	Grade	Check if Foster Child	SNAP or TANF Case Number	Check if NO Income
John Smith	01/01/1980			<input type="checkbox"/>		<input type="checkbox"/>
Mary Smith	02/02/1980			<input type="checkbox"/>		<input checked="" type="checkbox"/>
Ethan Smith	01/01/2000	Geneseo High School	11	<input type="checkbox"/>		<input checked="" type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically Eligible)
Child Status: Homeless Migrant Runaway Head Start

3. Total Household Gross Income (before deductions). You must tell us how much and how often. List all household members with income.

1. Full Legal Name (First Name, Middle Initial, Last Name)	2. Gross Income and How Often it was Received				
	Earnings from Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp, Unemployment, SSI, Etc. (All Other Income)	
John Smith	350.00 w				

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.

15. Once you have submitted your application, you may be able to Update a Pending Application, View the Application, and Print the Application.

Food Service Applications							
Pending Application Update Pending Application View Application Print Application							
Application Date: Tue Jan 26, 2016 (Application Waiting For Approval)							
Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.							
Household Members							
Names of Household Members		School Name	Foster Child?	No Income?			
Argentina Abastascr			No	No			
Jon Abbotscr		High School	No	Yes			
Income Information							
Family Member Name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits		Other Income		
Argentina Abastascr	29,250.00	0.00	0.00		0.00		
Total Annual Income: 29,250.00							
Jon (400)							
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jun 2, 2014	Mon Jun 2, 2014	5	Free/Gratis	No	Yes	
No	Fri Jun 28, 2013	Thu Sep 26, 2013	0	Free/Gratis	Yes	Yes	
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Normal	No	Yes	