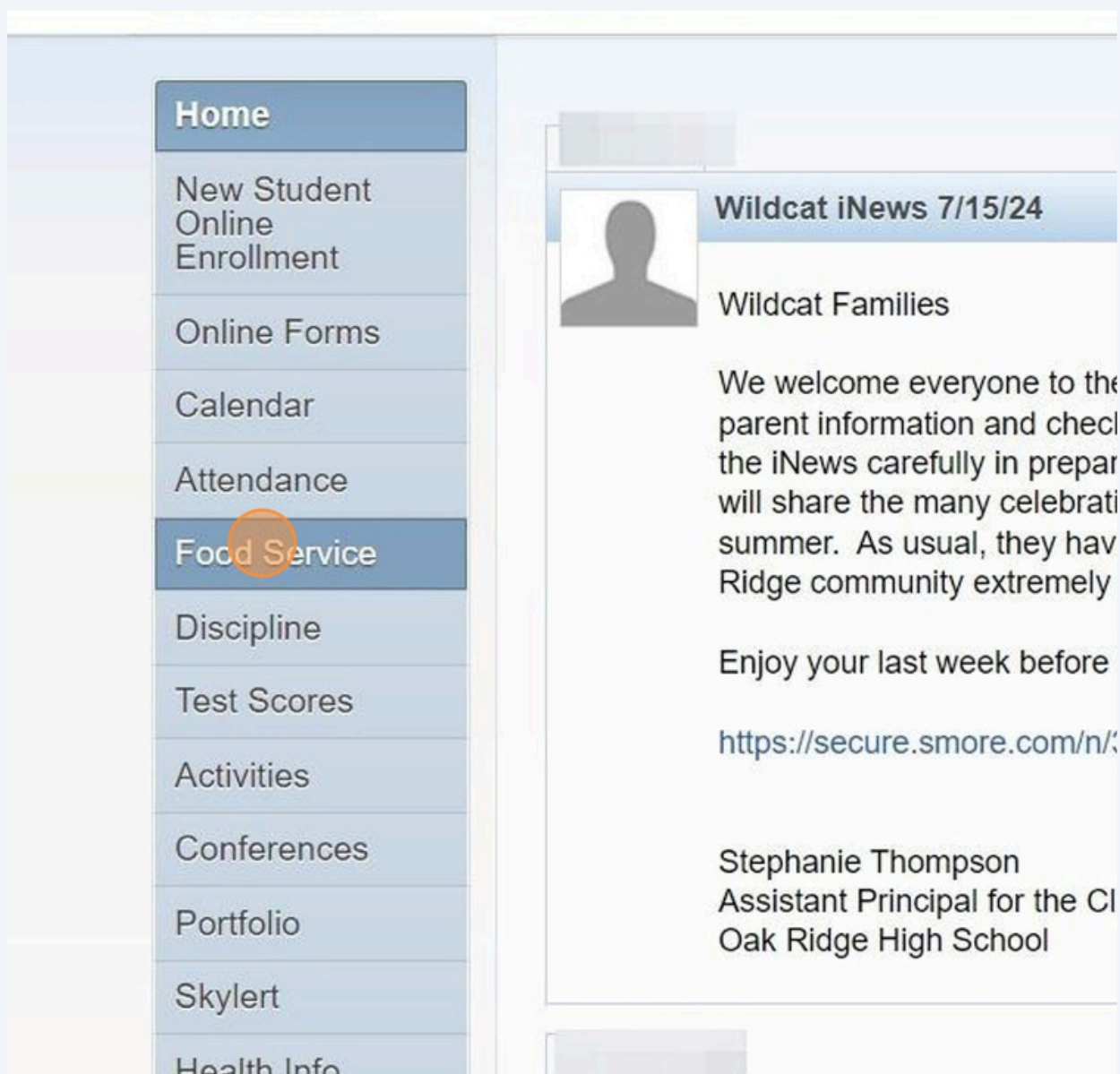


Free & Reduced Lunch Application Online Skyward Form

This guide provides step-by-step instructions on how to complete the Free & Reduced Lunch Application online using the Skyward Form. It is helpful for individuals who need assistance navigating the application process and ensures that they don't miss any important steps.

1

Click on Food Service button on the left side menu.



- 2 If you have more than one student, chose the first child from the drop down menu.

Google Chrome
wsisa.dll/WService=wsEApplus/sffoodservice001.w

SKYWARD Family Access All Students

Home
New Student Online Enrollment
Online Forms
Calendar
Attendance
Food Service
Discipline
Test Scores
Activities

Food Service Applications

Current Account Balance

	\$18.90
Lunch Type:	NOT APPROVED FOR FREE
	\$20.45
Lunch Type:	NOT APPROVED FOR FREE

Today's Lunch Menu Lunch Calendar

No lunch menu details are available for the current date.

(Robertsville Middle School) View Totals | Make a Payment
There are no payment records for this student.

(Oak Ridge High School) | Make a Payment
There are no payment records for this student.

Week
Stu
Tota
Sun
No p
Mon
No p
Tue

- 3 Choose one of your children.

chrome
/WService=wsEApplus/sffoodservice001.w

SKYWARD Family Access

All Students
E
W

Home
New Student Online Enrollment
Online Forms
Calendar
Attendance

Current Account Balance

	\$18.90
Lunch Type:	NOT APPROVED FOR FREE
	\$20.45
Lunch Type:	NOT APPROVED FOR FREE

Today's Lunch Menu Lunch Calendar

No lunch menu details are available for the current date.

4

Click "Applications"

Chrome
 //WService=wsEApplus/sffoodservice001.w

SKYWARD Family Access
 E. [redacted] r

Food Service Applications

Home
 New Student Online Enrollment
 Online Forms
 Calendar
 Attendance
Food Service
 Discipline

Current Account Balance
 \$18.90
 Lunch Type: NOT APPROVED FOR FREE

Today's Lunch Menu Lunch Calendar
 No lunch menu details are available for the current date.

Robertsville Middle School) View Totals | Make a Payment

There are no payment records for this student.

5

Click "Add Application"

SKYWARD Family Access
 E. [redacted] r

Food Service Applications

Current Account Balance: \$18.90
 Lunch Type: NOT APPROVED FOR FREE

Today's Lunch Menu: No lunch menu details are available for the current date.

Weekly Purchases For: Robertsville Middle Sch
 Previous Week
 Week Total:

Food Service Applications

Pending Application: **Add Application** Add Application

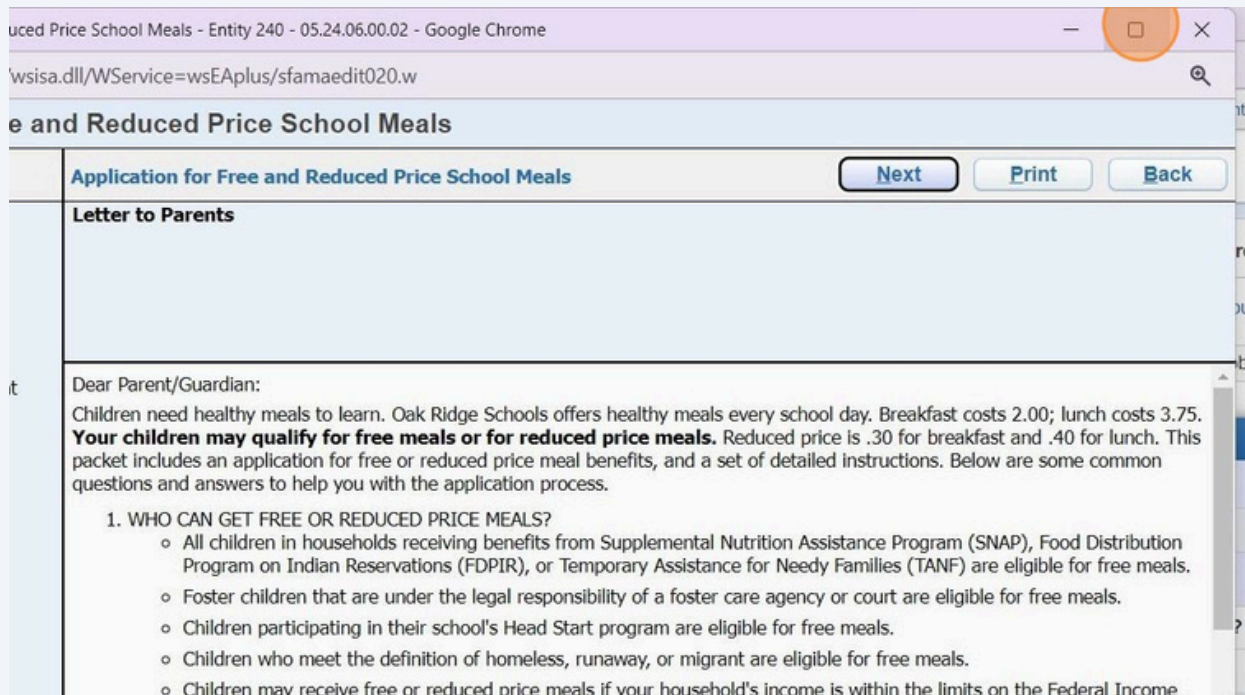
No pending application was found.

(240)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Fri Jul 22, 2022	Fri Jul 22, 2022	5	Paid	Yes	Yes	
No	Thu Aug 5, 2021	Thu Aug 5, 2021	5	Paid	Yes	Yes	
No	Sat Aug 1, 2020	Fri Aug 7, 2020	6	Paid	Yes	Yes	

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Click "Maximize" to make the application screen larger.



Application for Free and Reduced Price School Meals

Next Print Back

Letter to Parents

Dear Parent/Guardian:

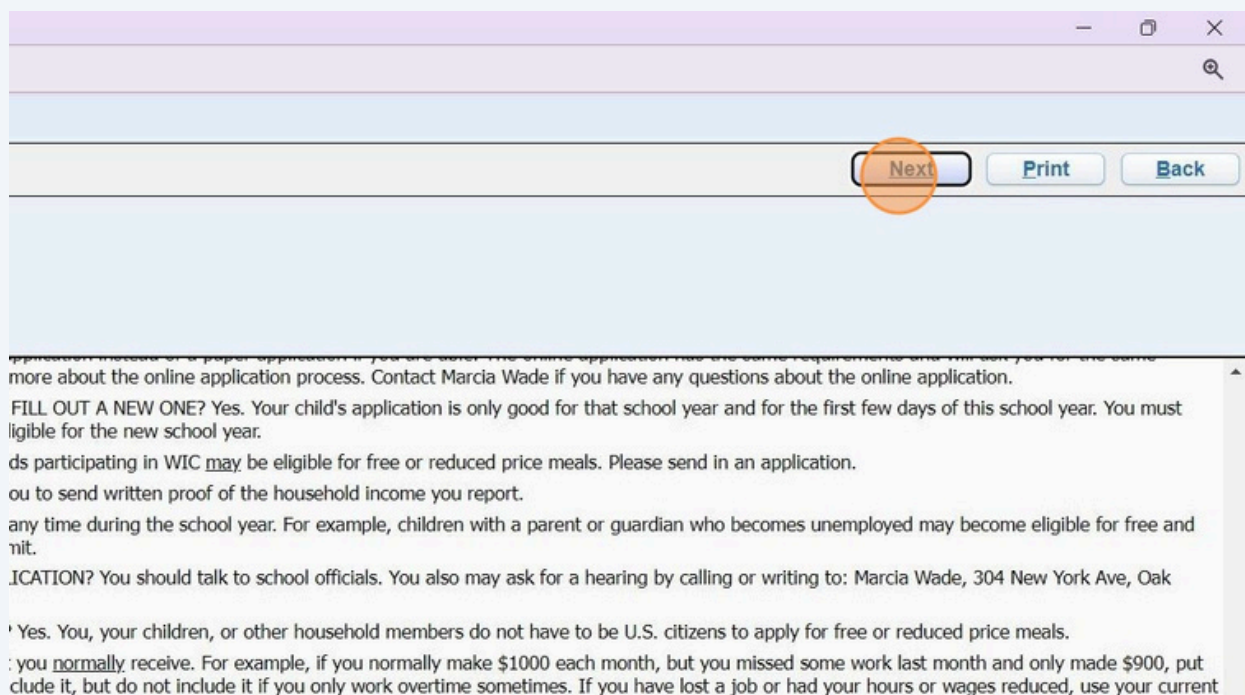
Children need healthy meals to learn. Oak Ridge Schools offers healthy meals every school day. Breakfast costs 2.00; lunch costs 3.75. **Your children may qualify for free meals or for reduced price meals.** Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- o All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- o Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- o Children participating in their school's Head Start program are eligible for free meals.
- o Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- o Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income

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After reading the letter, please click "Next"



Next Print Back

...application instead of a paper application. You are still the same application, the same requirements and this will be for the same more about the online application process. Contact Marcia Wade if you have any questions about the online application.

FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must eligible for the new school year.

ds participating in WIC may be eligible for free or reduced price meals. Please send in an application.

ou to send written proof of the household income you report.

any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and nit.

ICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: Marcia Wade, 304 New York Ave, Oak

Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.

: you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put clude it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current

8

Click "I have read the Instructions for Applying and would like to continue the application"

Application for Free and Reduced Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome

skyed.ortn.edu/scripts/wsisa.dll/WService=wsEAplus/sfamaedit020.w

Application for Free and Reduced Price School Meals

Steps	Application for Free and Reduced Price School Meals
Letter to Parents ➔ Instructions for Applying Federal Income Chart Privacy Act Statement Non-discrimination Statement Application <ul style="list-style-type: none"> • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature • Optional: Ethnicity and Race Review and Submit	<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 type="checkbox"/> I have read the Instructions for Applying and would like to continue the application</p> <hr/> <p>Please use these instructions to help you fill out the application for free or reduced price school meals. You on Ridge Schools. The application must be filled out completely to certify your children for free or reduced price s. Please follow these instructions in order! Each step of the instructions is the same as the steps on your applic</p> <p>PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE PAPER APPLICATION AND DO YOU!</p> <p>STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS,</p> <p>Tell us how many infants, children, and school students live in your household. They do NOT have to be relate</p> <p>Who should I list here?</p> <p>When filling out this section, please include all members in your household who are:</p> <ul style="list-style-type: none"> • Children age 18 or under and are supported with the household's income; • In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; • Students attending Oak Ridge Schools, regardless of age.

9

After reviewing the information on this page please click "Next"

Information.
nts.
e application

Previous **Next** Print Back

household's primary wage earner or another adult household member must enter the last four digits of their Social Security Number in the space : **a Social Security Number.** If no adult household members have a Social Security Number, leave this space blank and mark the box to the

Sources of Income for Adults	
Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> • Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability • Income from trusts or estates • Annuities • Investment income

10

Review the information on this page, make your decision about the question highlighted here then click "Next"

Application for Free and Reduced Price School Meals

Previous **Next** Print

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.

I do not qualify for benefits or do not wish to complete an application

FEDERAL INCOME CHART
For School Year 2024-25

Household Size	Yearly	Monthly	Weekly
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
Each Additional Person:	9,953	830	192

Submit

["(bNext") (NavSection"4)"]

11

After reviewing the information on this page, click "Next"

Application for Free and Reduced Price School Meals

Previous **Next** Print Back

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

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDP/IR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

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Click here

Application for Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals

Previous Next Print Back

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

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.

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.

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: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, 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:

(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

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: Program.Intake@usda.gov

This institution is an equal opportunity provider.

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Complete the steps on this page as directed, then click "Next"

Application for Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals

Previous Next Print

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	Student?	Check all that apply	
		Foster Child	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"/>
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Review the information on this page, complete if applicable, then click "Next"

Application for Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals Previous Next Print

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

SNAP, TANF, 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:

1: Names
2: Its
3: Income
4: ture
5: al:
6: ity and Race
Submit

15

Complete income reporting information, then click "Next"

Application for Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals Previous Next Print

Step 3 - Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

Add More Names to Application

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. 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 W	\$150 B	\$50 M
	\$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"/>	\$0 <input type="text"/>

* Total Household Members (Children and Adults): 0

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

16

This drop down menu will indicate when income is paid to the family member.

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 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.

Household Member 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	
A. Smith	\$200	W	\$50	\$50
	\$0	▼	\$0	\$0
	\$0	W	\$0	\$0
	\$0	B	\$0	\$0
	\$0	T	\$0	\$0
	\$0	M	\$0	\$0
	\$0	▼	\$0	\$0

W - Weekly, B - BiWeekly, T - Twice a Month, M - Monthly

Household Members (Children and Adults):
Digits of Social Security Number (SSN) of Check if no SSN

17

Complete address information, then please "Click to Sign" to submit electronic signature.

I certify 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 benefits. 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.

Address (available):

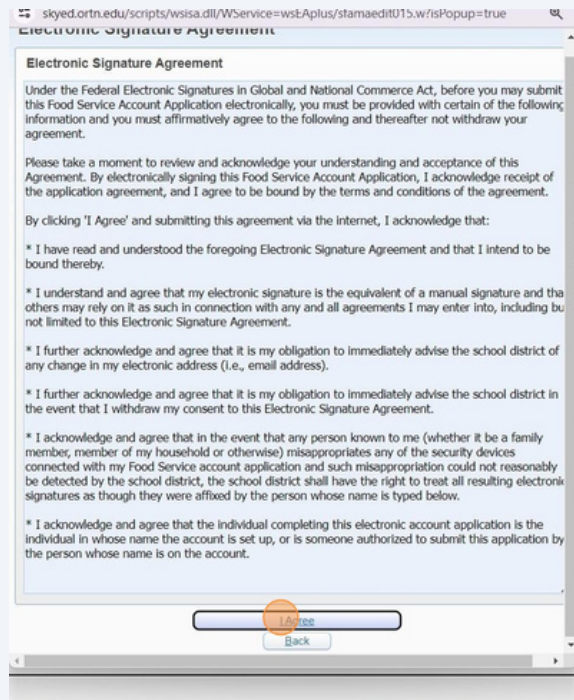
City: Daytime Phone: Ext:

State: Zip Code:

Name of adult completing the form: * Signature of adult completing the form:

Signature Date: Email (optional):

- 18 A pop up window will appear, please click I Agree to complete electronic signature.



- 19 <Signed Electronically> will appear when signature submitted.

is reported. I understand that this information is given in connection with the receipt of Federal Food Stamps. Children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Daytime Phone: (865) [] Ext: []

State: TN Zip Code: 37830

* Signature of adult completing the form: <Signed Electronically> Remove

Email (Optional): []

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Click "Next"

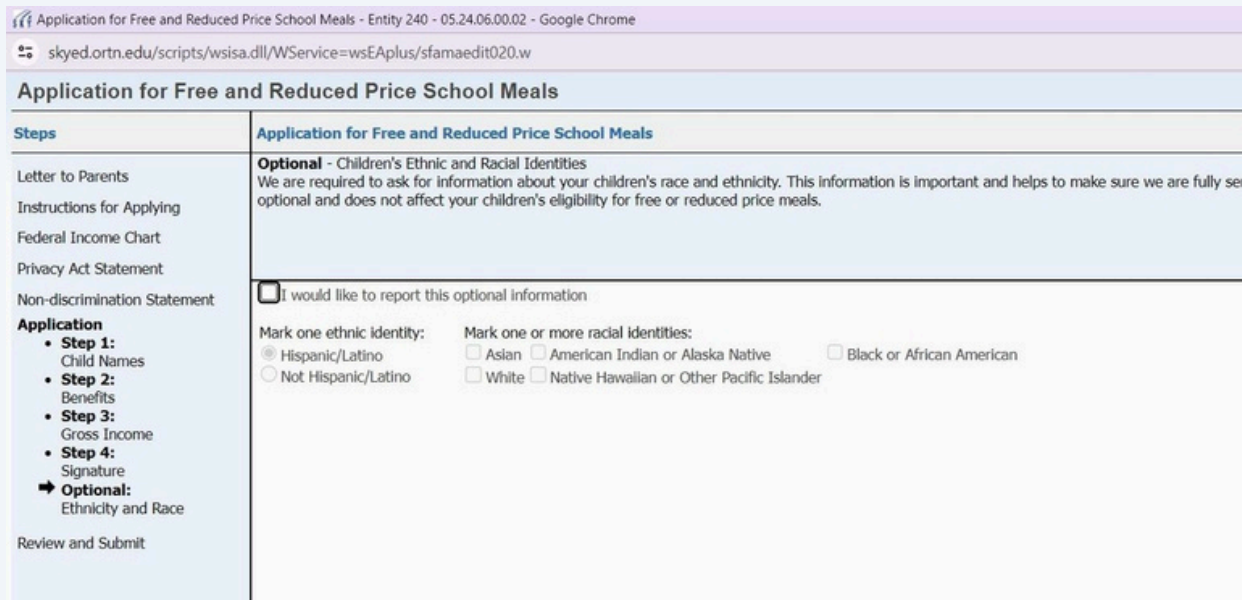


come is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Daytime Phone: (865) [redacted] Ext: [redacted]
State: TN Zip Code: 37830
* Signature of adult completing the form: <Signed Electronically> Remove
Email (optional): [redacted]

21

Optional Demographic Information will appear, click next after making a selection.



22

The final step is to review and "Submit Application"

Reduced Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome

s/wsisa.dll/WService=wsEApplus/sfamaedit020.w

Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals

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.

Step 1

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.

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**

Child's First Name, Middle Initial, Last Name	Student?	Check all that apply	
		Foster Child	Homeless, Migrant, Runaway
Child 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23

Click here

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.

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 Appl**

Child's First Name, Middle Initial, Last Name	Student?	Check all that apply	
		Foster Child	Homeless, Migrant, Runaway
Child 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input checked="" 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application Helper

The Food Service application was successfully submitted.

OK

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: **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:

Step 3 - Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

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

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A summary of your application will appear for confirmation.

Food Service Applications

Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.

Household Members

Names of Children	Student?	Foster Child	Homeless, Migrant, Runaway
	Yes	No	No
	Yes	No	No

Income Information

Household Member Name	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
		0.00	0.00
		0.00	0.00
Child Income	0.00	0.00	0.00
Total Annual Income: 79,200.00			

(240)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Fri Jul 22, 2022	Fri Jul 22, 2022	5	Paid	Yes	Yes	
No	Thu Aug 5, 2021	Thu Aug 5, 2021	5	Paid	Yes	Yes	
No	Sat Aug 1, 2020	Fri Aug 7, 2020	6	Paid	Yes	Yes	
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Paid	No	Yes	

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You may choose to Update, View, or Print your Application

Food Service Applications

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

Application Date: Mon Jul 15, 2024 (Application Waiting For Approval)

Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.

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Thank you for completing your online Free & Reduced Lunch Application in Skyward.