

PASO 1: Ingrese a su cuenta de Skyward con su identificación de ingreso y contraseña

The screenshot shows a web browser window with the following elements:

- Browser Tab:** Login - Powered by Skyward
- Address Bar:** skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellynil/seplog01.w
- Taskbar:** office 365, D15 Homepage, AESOP, Meal Time 5, Queen Bee meal ti..., Power School, Get Fresh, AppliTrack Login ..., GFS, ISITE, Mosaic, NotifEye™, GWU, Imported
- Page Content:**
 - Logo:** SKYWARD®
 - Text:** For [Glen Ellyn School District 41](#) [Student](#)
 - Form:**
 - Login ID:
 - Password:
 -
 - [Forgot your Login/Password?](#)
 - Version:** 05.20.06.00.04
 - Dropdown:** Login Area: All Areas
- Footer:**
 - [Parents and Guardians: Click here if you need instructions for using Skyward Family Access.](#)
 - © 2020 Skyward, Inc. All rights reserved.
- System Tray:** Windows 10 / Chrome 84, 9:00 AM 7/27/2020

PASO 2: Seleccione el nombre de su estudiante en el menú desplegable, en la parte superior izquierda de la pantalla.

The screenshot shows a web browser window with the URL `skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sffoodservice001.w`. The page title is "Family Access Food Service - Google Chrome". The website header includes the "SKYWARD" logo and navigation links for "Sue Student", "My Account", and "Exit". A "District Links" icon is also present.

The main content area features a sidebar with navigation options: Home, New Student Online Enrollment, Calendar, Attendance, Student Info, **Food Service** (highlighted), Schedule, Test Scores, Fee Management, Report Cards (+ other reports), and Login History. The "Food Service" section is active, displaying a "Student Balance" for "Sandy" at \$0.00 and a "Today's Lunch Menu" section with a "Lunch Calendar" link. A dropdown menu is open, showing the following options: "All Students", "DANNY Student", and "Sandy Z. Student". This menu is circled in red.

On the right side, the "Weekly Purchases For:" section is set to "Fri Jul 24, 2020". It includes "Previous Week" and "Next Week" navigation buttons. Below this, a table shows the purchase history for "Sandy (Abraham Lincoln School)":

Item	Price
Sun Jul 19, 2020	
No purchases for this date.	
Mon Jul 20, 2020	
No purchases for this date.	
Tue Jul 21, 2020	
No purchases for this date.	
Wed Jul 22, 2020	
No purchases for this date.	
Thu Jul 23, 2020	
No purchases for this date.	
Fri Jul 24, 2020	
No purchases for this date.	
Sat Jul 25, 2020	
No purchases for this date.	

The Windows taskbar at the bottom shows the search bar, task view, and several application icons. The system tray on the right indicates the time is 10:39 AM on 7/24/2020.

PASO 3: Dele clic a la sección Servicios de Comida (Food Service) en el menú de la izquierda. Luego dele clic a la palabra Aplicaciones (Applications) en la parte superior derecha.

Family Access Food Service - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sffoodservice001.w

Sue Student My Account Exit

SKYWARD Family Access
DANNY Student

District Links

Home
New Student Online Enrollment
Calendar
Attendance
Student Info
Food Service
Schedule
Test Scores
Fee Management
Report Cards (+ other reports)
Login History

Food Service

Applications
Calendar

Weekly Purchases For: Fri Jul 24, 2020
Previous Week Next Week

DANNY (Abraham Lincoln School)
Week Total: \$0.00
Key Pad Number: 9647

Item	Price
Sun Jul 19, 2020	
No purchases for this date.	
Mon Jul 20, 2020	
No purchases for this date.	
Tue Jul 21, 2020	
No purchases for this date.	
Wed Jul 22, 2020	
No purchases for this date.	
Thu Jul 23, 2020	
No purchases for this date.	
Fri Jul 24, 2020	
No purchases for this date.	
Sat Jul 25, 2020	
No purchases for this date.	

Type here to search

10:43 AM 7/24/2020

PASO 4: Dele clic a Iniciar Aplicación (Start Application) en la parte de arriba de la pantalla

Family Access Food Service - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrmil/sffoodservice001.w

Sue Student My Account Exit

SKYWARD Family Access DANNY Student District Links

Food Service Applications

Home
New Student Online Enrollment
Calendar
Attendance
Student Info
Food Service
Schedule
Test Scores
Fee Manager
Report Card other reports
Login History

Current Account Balance
DANNY: \$0.00
Lunch Type: Paid

Today's Lunch Menu [Lunch Calendar](#)
No lunch menu details are available for the current date.

DANNY (Abraham Lincoln School) [View Totals](#)
There are no payment records for this student.

Weekly Purchases For: **Fri Jul 24, 2020**
[Previous Week](#) [Next Week](#)

DANNY (Abraham Lincoln School)

Week Total: \$0.00
Key Pad Number: 9647

Item	Price
Sun Jul 19, 2020	
Fri Jul 24, 2020	
No purchases for this date.	
Sat Jul 25, 2020	
No purchases for this date.	

Food Service Application

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

Application Date: Fri Jul 24, 2020 ***Application Not Submitted***

Please complete all required sections and submit the application for review.

DANNY (100)							
Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Paid	No	Yes	

10:44 AM 7/24/2020

PASO 5: Lea completamente la Carta a los Padres y luego de clic al botón Siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Next Print Back

Steps	Application for Free Milk/Meal and Reduced-Price Meals																																																											
<ul style="list-style-type: none"> Letter to Parents Instructions for Applying Privacy Act Statement Non-discrimination Statement Federal Income Chart Application <ul style="list-style-type: none"> Part 1: Household Names Part 2: Child Status Part 3: Gross Income Part 4: Signature Part 5: Contact Information Part 6: Ethnicity and Race Part 7: Sharing Information Review and Submit 	<p>Letter to Parents</p> <p>Dear Parent/Guardian:</p> <p>Children need healthy meals to learn. Glen Ellyn School District 41 offers healthy meals every school day. Breakfast costs \$1.50 (Churchill only); lunch costs \$2.85 (elementary) and \$3.25 (Hadley). Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 (Churchill only) for breakfast and \$0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application. We cannot approve an application that is not complete, so be sure to fill out all required information. If completing a non-electronic application, return the completed application to: Glen Ellyn School District Central Services Office, 793 N. Main St., Glen Ellyn, IL 60137, (630) 790-6400</p> <p>Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.</p> <p>Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.</p> <p>Federal Income Eligibility Guidelines (Effective July 1, 2020 - June 30, 2021)</p> <p>Reduced-Price Meals (185% Federal Poverty Guideline)</p> <table border="1"> <thead> <tr> <th>Household Size</th> <th>Yearly</th> <th>Monthly</th> <th>Twice Per Month</th> <th>Every Two Weeks</th> <th>Weekly</th> </tr> </thead> <tbody> <tr><td>1</td><td>23,606</td><td>1,968</td><td>984</td><td>908</td><td>454</td></tr> <tr><td>2</td><td>31,894</td><td>2,658</td><td>1,329</td><td>1,227</td><td>614</td></tr> <tr><td>3</td><td>40,182</td><td>3,349</td><td>1,675</td><td>1,546</td><td>773</td></tr> <tr><td>4</td><td>48,470</td><td>4,040</td><td>2,020</td><td>1,865</td><td>933</td></tr> <tr><td>5</td><td>56,758</td><td>4,730</td><td>2,365</td><td>2,183</td><td>1,092</td></tr> <tr><td>6</td><td>65,046</td><td>5,421</td><td>2,711</td><td>2,502</td><td>1,251</td></tr> <tr><td>7</td><td>73,334</td><td>6,112</td><td>3,056</td><td>2,821</td><td>1,411</td></tr> <tr><td>8</td><td>81,622</td><td>6,802</td><td>3,401</td><td>3,140</td><td>1,570</td></tr> </tbody> </table> <p>Each Additional Person:</p> <table border="1"> <tbody> <tr> <td>8,288</td> <td>691</td> <td>346</td> <td>319</td> <td>160</td> </tr> </tbody> </table> <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 Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school. 	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	1	23,606	1,968	984	908	454	2	31,894	2,658	1,329	1,227	614	3	40,182	3,349	1,675	1,546	773	4	48,470	4,040	2,020	1,865	933	5	56,758	4,730	2,365	2,183	1,092	6	65,046	5,421	2,711	2,502	1,251	7	73,334	6,112	3,056	2,821	1,411	8	81,622	6,802	3,401	3,140	1,570	8,288	691	346	319	160
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PASO 6: Lea todas las instrucciones para llenar la aplicación

Dele clic a la casilla de verificación (checkbox) en donde usted confirma que leyó las instrucciones

Dele clic al botón Siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Application for Free Milk/Meal and Reduced-Price Meals

Letter to Parents

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

Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Review and Submit

Application for Free Milk/Meal and Reduced-Price Meals

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.

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

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF SOMEONE IN YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

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:

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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

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, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

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.

- 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, FDPIR, 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.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

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.

PASO 7: Lea toda la información del Acuerdo de Privacidad, luego de clic al botón Siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Application for Free Milk/Meal and Reduced-Price Meals

Letter to Parents

Instructions for Applying

➔ Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- **Part 1:** Household Names
- **Part 2:** Child Status
- **Part 3:** Gross Income
- **Part 4:** Signature
- **Part 5:** Contact Information
- **Part 6:** Ethnicity and Race
- **Part 7:** Sharing Information

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.

Navigation buttons: Previous, **Next**, Print, Back

PASO 8: Lea toda la Declaración de No Discriminación y luego de clic al botón Siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseuglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

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

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

- **Part 1:** Household Names
- **Part 2:** Child Status
- **Part 3:** Gross Income
- **Part 4:** Signature
- **Part 5:** Contact Information
- **Part 6:** Ethnicity and Race
- **Part 7:** Sharing Information

Review and Submit

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The above address is for discrimination complaint purposes only.
Return this complete application to your school, not USDA.

PASO 9: Lea la Guía de Ingresos Federales de Elegibilidad y luego de clic en el botón Siguiente (Next)

****Marque esta opción SOLAMENTE si usted no califica para el programa o no desea llenar la aplicación.**

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps

Application for Free Milk/Meal and Reduced-Price Meals

Previous **Next** Print Back

Letter to Parents

Instructions for Applying

Privacy Act Statement

Non-discrimination Statement

➔ Federal Income Chart

Application

- **Part 1:** Household Names
- **Part 2:** Child Status
- **Part 3:** Gross Income
- **Part 4:** Signature
- **Part 5:** Contact Information
- **Part 6:** Ethnicity and Race
- **Part 7:** Sharing Information

Review and Submit

For 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 Eligibility Guidelines (Effective July 1, 2020 - June 30, 2021)

Reduced-Price Meals (185% Federal Poverty Guideline)

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each Additional Person:	8,288	691	346	319	160

PASO 10:

- Escriba la información de **TODOS** los miembros de la familia (Es decir, todas las personas viviendo en su casa)
 - Nombre, Apellido, Fecha de Nacimiento, Escuela y Grado (En caso de ser estudiante), marque la casilla de verificación si se trata de un menor adoptado (si aplica), escribe el número de caso SNAP o TANF (si aplica), o seleccione la casilla de verificación de No Ingreso (Si aplica)
- Dele clic al botón Siguiente (Next)

***Si usted necesita agregar más líneas para agregar a más miembros de la familia – dele clic en esta casilla de verificación**

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: [Previous](#) **Next** [Print](#) [Back](#)

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.

Add More Names to 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
(Example) Jane A. Smith				<input type="checkbox"/>		<input type="checkbox"/>
Danny Student	07/12/2007	Abraham Lincoln School	1	<input type="checkbox"/>		<input type="checkbox"/>
Sandy Student	07/10/2008	Abraham Lincoln School	2	<input type="checkbox"/>		<input type="checkbox"/>
Guardian 1	07/20/1979			<input type="checkbox"/>		<input type="checkbox"/>
Guardian 2	07/20/1979			<input type="checkbox"/>		<input checked="" type="checkbox"/>
Guardian 3	07/20/1979			<input type="checkbox"/>		<input checked="" type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Review and Submit

PASO 11: En caso de que la Ventana de “Validación de la Aplicación (Application Validation)” aparezca, dele clic en el botón de Si (Yes) – Pero, es posible que no le aparezca.

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Previous Next Print Back

Steps

- Letter to Parents
- Instructions for Applying
- Privacy Act Statement
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- Federal Income Chart
- Application**
 - Part 1: Household Names
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 - Part 7: Sharing Information
- Review and Submit

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.

Add More Names to 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
(Example) Jane A. Smith				<input type="checkbox"/>		<input type="checkbox"/>
Danny Student	07/12/2007	Abraham Lincoln School	1	<input type="checkbox"/>		<input type="checkbox"/>
Sandy Student	07/10/2008	Abraham Lincoln School	2	<input type="checkbox"/>		<input type="checkbox"/>
Guardian 1	07/20/1979			<input type="checkbox"/>		<input type="checkbox"/>
Guardian 2	07/20/1979			<input type="checkbox"/>		<input checked="" type="checkbox"/>
Guardian 3	07/20/1979			<input type="checkbox"/>		<input checked="" type="checkbox"/>

Application Validation

Please verify that the household members listed here do not have income.

Do you want to continue?

PASO 12: Si su estudiante califica como persona sin hogar, inmigrante, fugitivo, participante en el Programa Head Start – seleccione la casilla de verificación que aplique. Si su estudiante no califica a ninguna de estas categorías, solo de clic al botón Siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

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Application for Free Milk/Meal and Reduced-Price Meals

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

Letter to Parents

Instructions for Applying

Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- Part 1: Household Names
- ➔ Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Review and Submit

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

Child Status: Homeless Migrant Runaway Head Start

PASO 13: Escriba el nombre completo de cada miembro de la familia que tiene ingresos.

- Escriba la cantidad de ingresos que tiene antes de deducciones para cada uno de los miembros de la familia que cuentan con ingresos. Seleccione del menú el tipo de ingreso si es Semanal (W/Weekly), Cada dos semanas (B/Bi-Weekly), al mes (M/Month), dos veces por mes (T-Twice a Month) o anual (A/Annual)
- Escriba el ingreso en caso de contar con Welfare, Pago de Manutención (Child Support), Pensión Alimenticia (Alimony) – Si aplica.
- Escriba el ingreso en caso de contar con Pensión (Pensions), Retiro (Retirement), Pago del Seguro Social (Social Security) – Si aplica
- Escriba el ingreso en caso de contar con Compensación Laboral (Worker's Comp), desempleo (Unemployment), SSI, o cualquier otro ingreso – Si aplica.
- Dele clic al botón siguiente (Next)

***Nota: Brinque esta sección si su estudiante recibe beneficios TANF o SNAP (Dele clic al botón Siguiente (Next))**

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: [Previous](#) **Next** [Print](#) [Back](#)

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

Application

- **Part 1:** Household Names
- **Part 2:** Child Status
- ➔ **Part 3:** Gross Income
- **Part 4:** Signature
- **Part 5:** Contact Information
- **Part 6:** Ethnicity and Race
- **Part 7:** Sharing Information

Review and Submit

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

Add More Names to Application

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)			
(Example) Jane A. Smith	\$199.99	\$149.99	\$99.99	\$50.00	W	B	M
Guardian 1	\$500.00	\$0.00	\$0.00	\$0.00			
Guardian 2	\$0.00	\$0.00	\$0.00	\$0.00			
Guardian 3	\$0.00	\$0.00	\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00	\$0.00			
	\$0.00	\$0.00	\$0.00	\$0.00			

PASO 14:

- Escriba el Número de Seguro Social (SSN) de la persona llenando la aplicación
 - Si no tiene un número de Seguro Social (SSN), seleccione la casilla de verificación “No tengo Numero de Seguro Social (I do not have a Social Security Number)”
- Escriba el nombre completo de la persona llenando la aplicación
- Dele clic a la liga “Clic para firmar (Click to Sign)” a la derecha del espacio para firmar

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wseduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

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

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

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- ➔ **Part 4: Signature**
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Review and Submit

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 'I do not have a Social Security Number' box. [See Privacy Act Statement](#)

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

I certify (promise) that all information on this application is true and all income is reported. I understand 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.

Date Printed Name of Adult Household Member* Signature of Adult Household Member [Click to Sign](#)

Asterisk (*) denotes a required field

PASO 15: Lea el Acuerdo sobre Firma Electrónica que aparecerá en su pantalla y de clic al botón "Estoy de acuerdo (I Agree)".

The screenshot shows a web browser with two windows. The background window is titled "Application for Free Milk/Meal and Reduced-Price Meals" and shows a sidebar with steps: Letter to Parents, Instructions for Applying, Privacy Act Statement, Non-discrimination Statement, Federal Income Chart, Application (with sub-steps Part 1 to Part 7), and Review and Submit. The main content area is titled "4. Signature and Social Security Number (Ad)" and contains a form with fields for "Last Four Digits of SSN" (with a red asterisk), "Date", and "Printed Name of Adult" (with "Guardian 1" entered). A red asterisk is also present next to the "Date" field.

The foreground window is titled "Electronic Signature Agreement" and contains the following text:

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.

At the bottom of the pop-up window, there are two buttons: "I Agree" and "Back". The "I Agree" button is circled in red.

At the bottom of the browser window, there is a footer: "Asterisk (*) denotes a required field".

PASO 16: La firma y la fecha se llenarán automáticamente. Dele clic al botón siguiente (Next)

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Application for Free Milk/Meal and Reduced-Price Meals

Buttons: Previous, **Next**, Print, Back

Letter to Parents

Instructions for Applying

Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature**
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Review and Submit

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 'I do not have a Social Security Number' box. [See Privacy Act Statement](#)

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

I certify (promise) that all information on this application is true and all income is reported. I understand 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.

<input type="text" value="07/24/2020"/>	<input type="text" value="Guardian 1"/>	<input type="text" value="<Signed Electronically>"/>	<input type="button" value="Remove"/>
Date	Printed Name of Adult Household Member*	Signature of Adult Household Member*	

Asterisk (*) denotes a required field

PASO 17: Si lo desea, puede llenar su información de contacto (OPCIONAL), O solo de clic al botón siguiente (Next) para saltar este paso.

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome
skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrmil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Letter to Parents, Instructions for Applying, Privacy Act Statement, Non-discrimination Statement, Federal Income Chart, **Application**, Review and Submit

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information**
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

Application for Free Milk/Meal and Reduced-Price Meals

5. Contact Information (Optional)

Work Telephone Number: Ext: Home Telephone Number: Ext:

Home Address:

City: State: Zip Code:

Navigation: Previous, **Next**, Print, Back

PASO 18: Si lo desea puede llenar la información del estudiante en cuanto a raza, etnicidad, solo marque la casilla de verificación que aplique (OPCIONAL) O solo dele clic al botón siguiente (Next) para saltar este paso

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Application for Free Milk/Meal and Reduced-Price Meals

Letter to Parents

Instructions for Applying

Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race**
- Part 7: Sharing Information

Review and Submit

6. 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

Buttons: Previous, **Next**, Print, Back

Windows Taskbar: Type here to search, 11:05 AM 7/24/2020

PASO 19: Si usted desea compartir su información con el programa All Kids - OPCIONAL (Un programa de salud complete para todos los menores en Illinois) entonces llene la información de contacto del padre/tutor y de clic al botón para firmar (Click to Sign)

Si usted NO desea compartir su información, favor de seleccionar la casilla de verificación que dice “YO NO DESEO (I DO NOT)”

Dele clic al botón Siguiente (Next) para continuar

Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WService=wsheduglenellyntrnil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

Steps: Application for Free Milk/Meal and Reduced-Price Meals

Previous **Next** Print Back

Letter to Parents

Instructions for Applying

Privacy Act Statement

Non-discrimination Statement

Federal Income Chart

Application

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- ➔ **Part 7: Sharing Information**

Review and Submit

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:

PASO 20: REVISE la información de su aplicación antes de enviarla.

Si usted tiene algún **texto en rojo** eso significa que hay errores que deben corregirse antes de enviar su solicitud

Para hacer cambios y/o corregir errores dele clic al botón Anterior (Previous)



Application for Free Milk/Meal and Reduced-Price Meals - Entity 100 - 05.20.06.00.04 - Google Chrome

skyward.iscorp.com/scripts/wsisadll/WService=wseduglenellyntrmil/sfamaedit020.w

Application for Free Milk/Meal and Reduced-Price Meals

[Previous](#) [Print](#) [Back](#)

Please review the completed application and fix any indicated errors before submitting for approval. ****Please Note: The application has not yet been submitted. This application cannot be submitted until any errors listed below are resolved and the Submit Application button is clicked.**

- 1. All Household members contains a name not found in 3. Total Household Gross Income. Please fill-in or fix the spelling for the following: Danny Student, Sandy Student.
- 1. All Household members income discrepancies were found in 3. Total Household Gross Income. Please adjust the gross income or check 'No Income' for the following: Guardian 1.

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
Danny Student	07/12/2007	Abraham Lincoln School	1	<input type="checkbox"/>		<input type="checkbox"/>
Sandy Student	07/10/2008	Abraham Lincoln School	2	<input type="checkbox"/>		<input type="checkbox"/>
Guardian 1	07/20/1979			<input type="checkbox"/>		<input type="checkbox"/>
Guardian 2	07/20/1979			<input type="checkbox"/>		<input checked="" type="checkbox"/>
Guardian 3	07/20/1979			<input type="checkbox"/>		<input checked="" 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)	
Guardian 1					
Guardian 2					
Guardian 3					

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 'I do not have a Social Security Number' box. [See Privacy Act Statement](#)

Last Four Digits of SSN: ***-**- [] [] [] [] OR I do not have a Social Security Number