STEP 1: Sign into Skyward with Login ID & Password

STEP 2: Click on your student's name in the top left drop-down

STEP 3: Click on the Food Service tab

Click on the Applications button at the top

STEP 4: Click the Start Application button at the top

STEP 5: Read through the entire Letter to Parents and then click the Next button

Application for Free Milk/Meal and Reduced-Price Meals

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

➡ Letter to Parents

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- **Part 7:** Sharing Information

Review and Submit

Letter to Parents

Dear Parent/Guardian:

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

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

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

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

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

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STEP 6: Read through the Instructions for Applying

      Click the checkbox below stating you have read the instructions

      Click the Next button

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Application for Free Milk/Meal and Reduced-Price Meals

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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.

Letter to Parents

➡ Instructions for Applying

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

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Review and Submit

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:

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STEP 7: Read through the Privacy Act Statements then press the Next button

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Application for Free Milk/Meal and Reduced-Price Meals

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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.

Steps panel:

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Review and Submit

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STEP 8: Read through the Non-Discrimination Statement and then click the Next button

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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.

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STEP 9: Read the Federal Income Eligibility Guidelines and then click Next

**Click this check box ONLY if you know you don't qualify or don't want to complete an application

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r 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

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Review and Submit

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

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STEP 10:

- **Enter information for ALL household members (every person living in the household)**
  - **First name, Middle Initial, Last name, birthdate, school and grade (if a student), check foster child (if applicable), enter SNAP or TANF case number (if applicable), check NO income (if applicable)**
- **Press the Next button**

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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 ag[en]cy or court. Scho[ol] 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				☐		☐
Danny Student	07/12/2007	Abraham Lincoln School	1	☐		☐
Sandy Student	07/10/2008	Abraham Lincoln School	2	☐		☐
Guardian 1	07/20/1979			☐		☐
Guardian 2	07/20/1979			☐		☑
Guardian 3	07/20/1979			☐		☑
				☐		☐

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STEP 11: If "Application Validation" pops up, verify and click Yes button

STEP 12: If your student qualifies as homeless, migrant, runaway, or headstart then click the appropriate checkbox. If the student doesn't qualify, then just click next

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Review and Submit

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

Child Status: ☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

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STEP 13: Enter the legal name of each household member that receives income.

- **Enter the amount of income before deductions for each member. Select from the drop down if the income is weekly (W), Bi-Weekly (B), Monthly (M), T (Twice a Month), or Annual (A)**
- **Repeat for Welfare, Child Support, Alimony (if applicable)**
- **Repeat for Pensions, Retirement, Social Security (if applicable)**
- **Repeat for Worker's Comp, Unemployment, SSI, and all other income (If applicable)**
- **Press the Next Button**

*Note: Skip this section if student is receiving TANF or SNAP benefits (click Next button)

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

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Review and Submit

☐ Add More Names to Application

1. Full Legal Name (First Name, Middle Initial, Last Name)	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	$199.00	W	$149.99	B	$99.00	M	$50.00	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	⌄

2. Gross Income and How Often it was Received

STEP 14:

- **Enter the Social Security Number (SSN) of guardian signing the application**
  - **If you don't have a SSN, click the checkbox "I do not have a Social Security Number"**
- **Type in the name of the guardian filling out the application**
- **Click on "Click to Sign Button" on the right of the signature box**

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

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Review and Submit

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: ***-**- ☐ 0000 **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.

| | | Click to Sign |
| Date | Printed Name of Adult Household Member* | Signature of Adult Household Member |

Asterisk (*) denotes a required field

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STEP 15: Read the Electronic Signature Agreement that pops up and click "I Agree" button

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Application	
• **Part 1:** Household Names	* Last Four Digits of SSN: ***-**-
• **Part 2:** Child Status	I certify (promise) that all information on this appli... understand that if I purposely give false informatio...
• **Part 3:** Gross Income	
➡ • **Part 4:** Signature	Guardian 1
• **Part 5:** Contact Information	Date Printed Name of Adult
• **Part 6:** Ethnicity and Race	
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Electronic Signature Agreement - Entity 100 - 05.20.06.00.04 - Google Chrome

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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.

I Agree

Asterisk (*) denotes a required field

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STEP 16: The signature and date will auto-fill. Click Next

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

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- **Part 7:**
  Sharing Information

Review and Submit

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.

07/24/2020	Guardian 1	<Signed Electronically>	Remove
Date	Printed Name of Adult Household Member*	Signature of Adult Household Member*	

Asterisk (*) denotes a required field

Type here to search

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STEP 17: OPTIONAL enter in your contact information OR just click Next to skip

STEP 18: OPTIONAL If you would like to enter in the student's racial and ethnic identity, click the check box and the applicable ethnic identity OR just click the Next button to skip

STEP 19: OPTIONAL If you want your application information shared with All Kids (a complete healthcare program for every child in Illinois) then fill out the guardian information and sign

If you do NOT want your information shared, then click the checkbox below saying "I DO NOT"

Click Next to Skip

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

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

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: [_____]

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STEP 20: REVIEW your application before submitting.

If you see red text that means there are errors that must be fixed before you can submit

To make changes and/or fix errors click the previous button.

Once the application has no errors or needed changes you can submit the application

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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	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 discrepencies were found in **3. Total Household Gross Income**. Please adjust the gross income or check 'No Income' for the following: Guardian 1.

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- **Part 6:**
  Ethnicity and Race
- **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.

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	☐		☐
Sandy Student	07/10/2008	Abraham Lincoln School	2	☐		☐
Guardian 1	07/20/1979			☐		☐
Guardian 2	07/20/1979			☐		✓
Guardian 3	07/20/1979			☐		✓
				☐		☐

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 tells 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

Type here to search

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