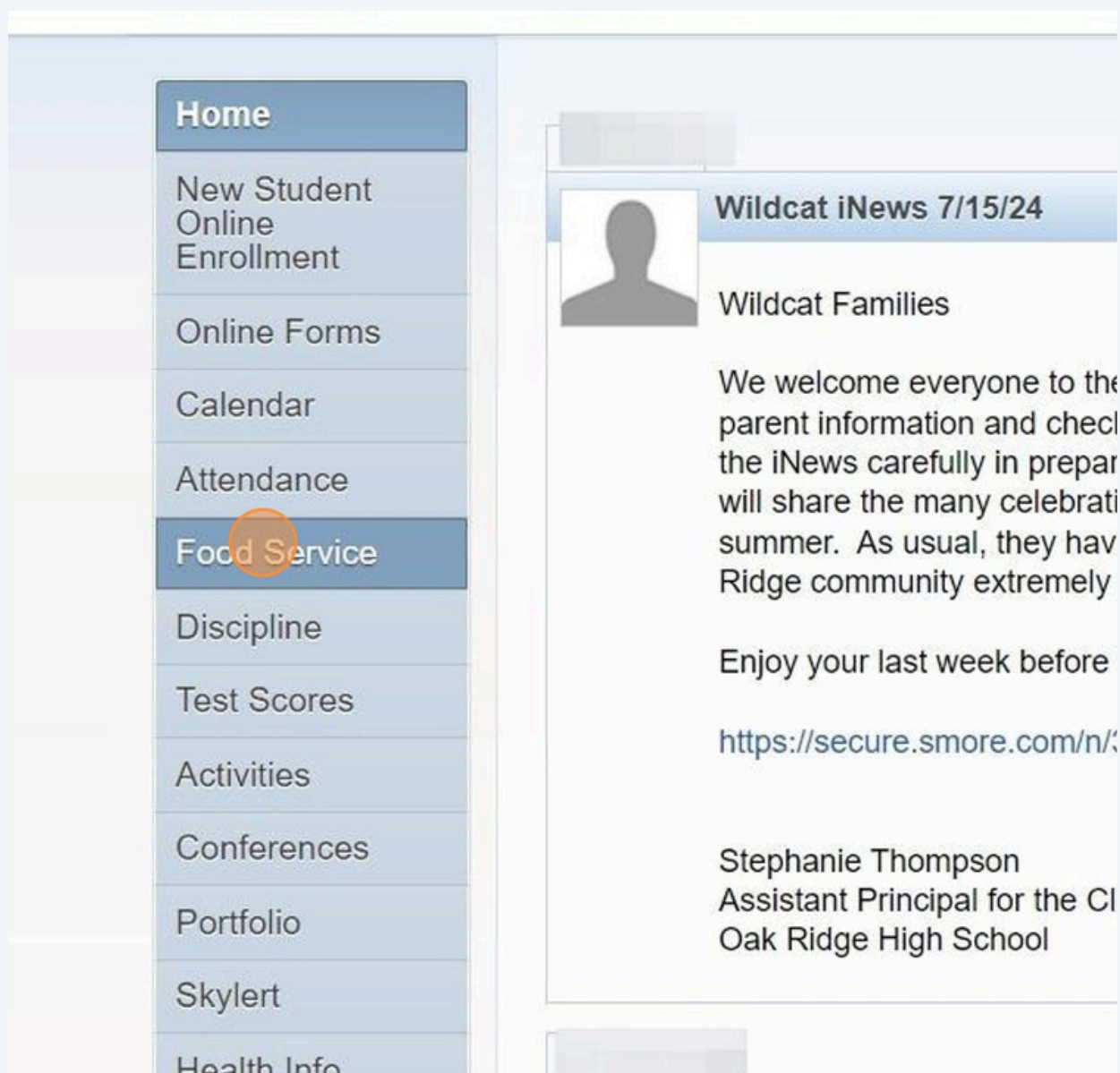


# 免費及減價午餐線上申請 Skyward 表格

本指南提供如何使用 Skyward 表格在線上完成免費和減價午餐申請的逐步說明。它對於在申請過程中需要幫助的個人很有幫助，並確保他們不會錯過任何重要步驟。

1

點選左側選單上的“餐飲服務”按鈕。



2 如果您有多個學生，請從下拉式選單中選擇第一個孩子。

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**

[Redacted]	\$18.90
Lunch Type:	NOT APPROVED FOR FREE
[Redacted]	\$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 選擇您的一個孩子。

chrome  
/WService=wsEApplus/sffoodservice001.w

SKYWARD® Family Access

All Students  
E  
W

Home  
New Student Online Enrollment  
Online Forms  
Calendar  
Attendance

**Current Account Balance**

[Redacted]	\$18.90
Lunch Type:	NOT APPROVED FOR FREE
[Redacted]	\$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

點擊“應用程式”

Chrome  
 //WService=wsEApplus/sffoodservice001.w

**Family Access**

**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

點擊“新增應用程式”

**Family Access** [My Account](#) [Contact Us](#)

**Food Service** [Applications](#)

**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.

**Weekly Purchases For:** [Previous Week](#)  
 Robertsville Middle Sch  
 Week Total:

**Food Service Applications**

Pending Application [Add Application](#) [Add Application](#)

No pending application was found.

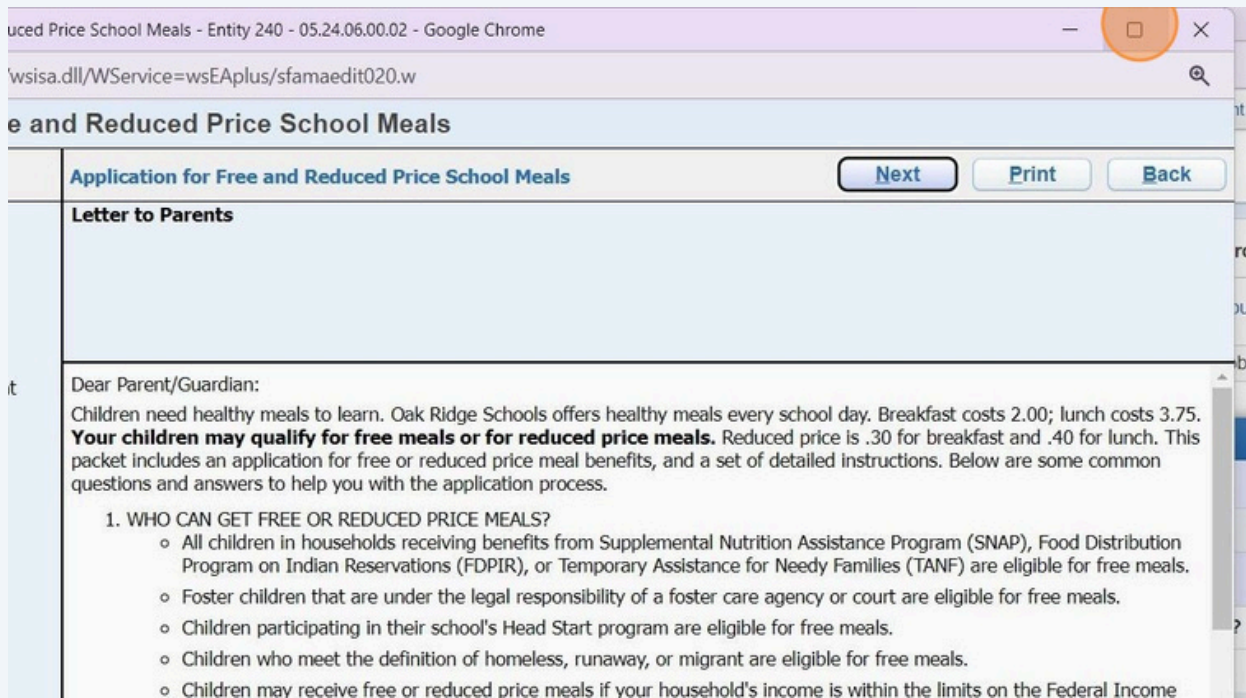
(240)

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	



6

點擊“最大化”使應用程式螢幕更大。



Application for Free and Reduced Price School Meals

Next Print Back

Letter to Parents

Dear Parent/Guardian:

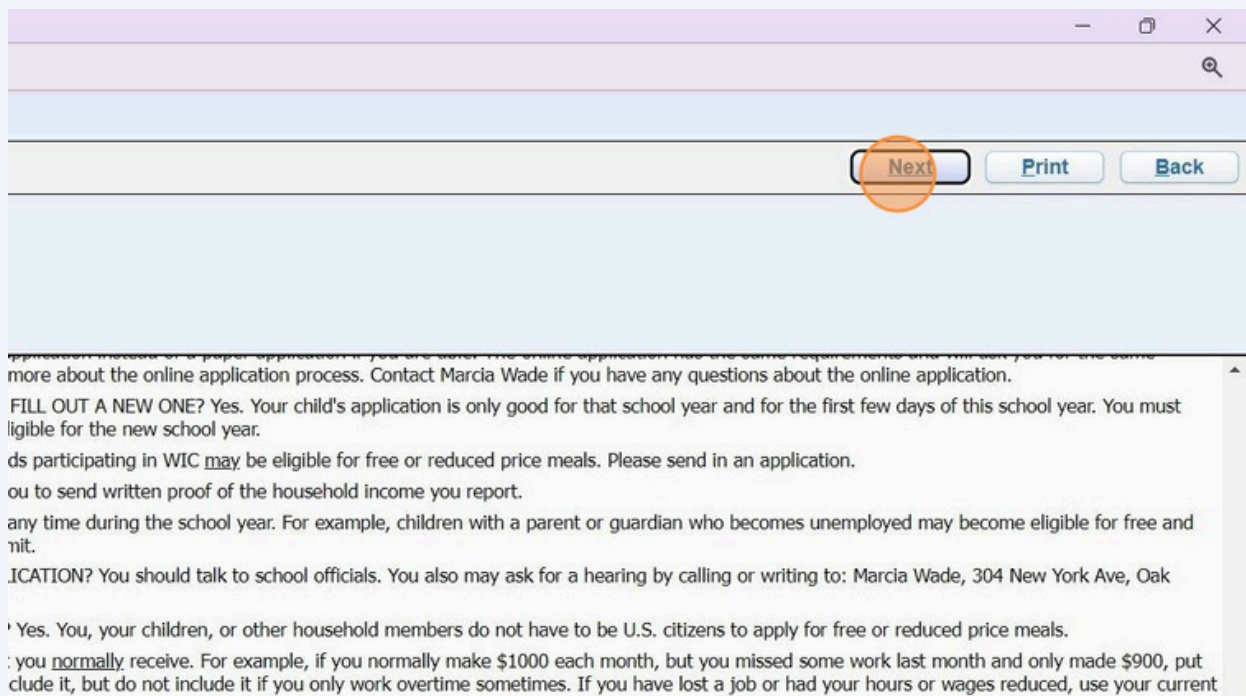
Children need healthy meals to learn. Oak Ridge Schools offers healthy meals every school day. Breakfast costs 2.00; lunch costs 3.75. **Your children may qualify for free meals or for reduced price meals.** Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for 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

7

閱讀完信件後，請點擊“下一步”



Next Print Back

...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 be eligible for the new school year.

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

You must 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 reduced price meals.

APPLICATION? 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 Ridge, TN 37830

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

Income: you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put that in, 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 income.

8 點擊“我已閱讀申請說明並想繼續申請”

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
<p>Letter to Parents</p> <p>➔ Instructions for Applying</p> <p>Federal Income Chart</p> <p>Privacy Act Statement</p> <p>Non-discrimination Statement</p> <p><b>Application</b></p> <ul style="list-style-type: none"> <li>• <b>Step 1:</b> Child Names</li> <li>• <b>Step 2:</b> Benefits</li> <li>• <b>Step 3:</b> Gross Income</li> <li>• <b>Step 4:</b> Signature</li> <li>• <b>Optional:</b> Ethnicity and Race</li> </ul> <p>Review and Submit</p>	<p><b>Instructions for Applying.</b> 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><b>PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE PAPER APPLICATION AND DO YOU!</b></p> <p><b>STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS,</b></p> <p>Tell us how many infants, children, and school students live in your household. They do NOT have to be relate</p> <p><b>Who should I list here?</b></p> <p>When filling out this section, please include <b>all</b> members in your household who are:</p> <ul style="list-style-type: none"> <li>• Children age 18 or under <b>and</b> are supported with the household's income;</li> <li>• In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;</li> <li>• Students attending Oak Ridge Schools, regardless of age.</li> </ul>

9 查看此頁面上的信息後，請按一下“下一步”

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

10

查看此頁面上的信息，對此處突出顯示的問題做出決定，然後單擊“下一步”

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

11

查看此頁面上的信息後，按一下“下一步”

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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點這裡

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](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

13

按照指示完成此頁面上的步驟，然後按一下“下一步”

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"/>

14

查看此頁面上的信息，如果適用，請填寫完整，然後按一下“下一步”

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: Address  
3: Income  
4: Household Size  
5: Household Composition  
6: Household Income  
7: Household Expenses  
8: Household Assets  
9: Household Liabilities  
10: Household Net Worth  
11: Household Debt  
12: Household Equity  
13: Household Net Worth  
14: Household Assets  
15: Household Liabilities  
16: Household Net Worth  
17: Household Debt  
18: Household Equity  
19: Household Net Worth  
20: Household Assets  
21: Household Liabilities  
22: Household Net Worth  
23: Household Debt  
24: Household Equity  
25: Household Net Worth

Submit

15

填寫收入報告信息，然後點擊“下一步”

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 <sup>?</sup>

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 <sup>?</sup>		
	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"/>
	\$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

此下拉式選單將指示何時向家庭成員支付收入。

#### 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

Primary or Other Adult Household Member: \*\*\*.\*\*-   Check if no SSN

17  
號

填寫好地址資料後，請「點選簽名」提交電子簽名。

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.

Signature of adult completing the form:

Daytime Phone:   Ext:

City:

State:  Zip Code:

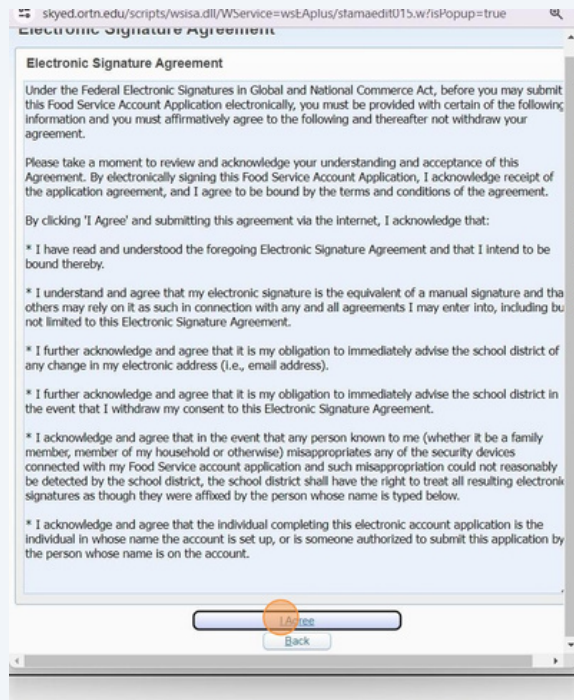
Signature of adult completing the form:

\* Signature of adult completing the form:

Signature Date:

Email (optional):

18 彈出窗口，請點擊我同意完成電子簽名。



19 提交簽名後將出現<電子簽名>。

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: [ ]

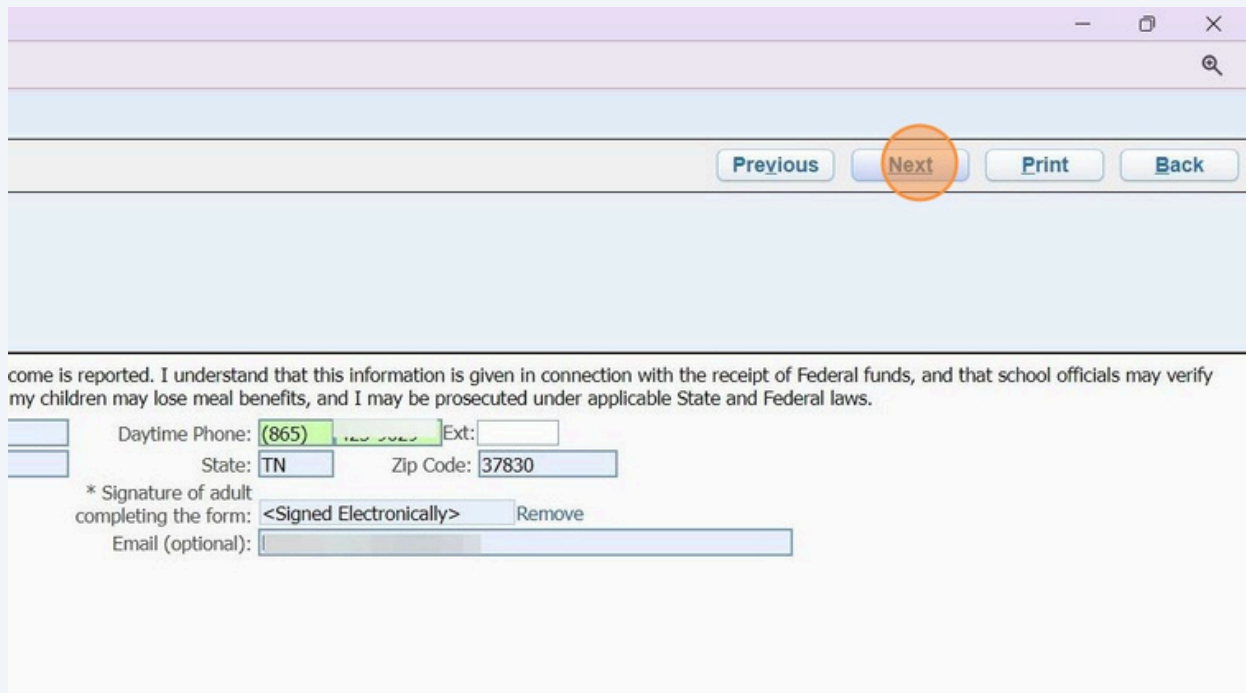
State: TN Zip Code: 37830

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

Email (Optional): [ ]

20

點擊下一步”



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.

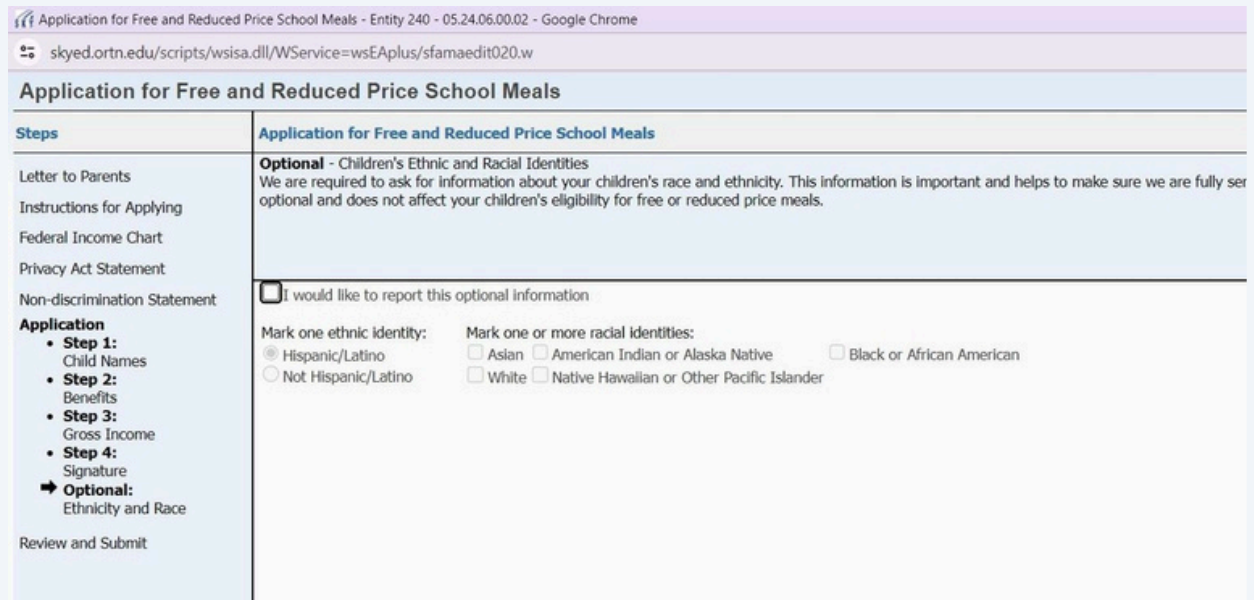
Daytime Phone: (865) [redacted] Ext: [redacted]  
 State: TN Zip Code: 37830

\* Signature of adult completing the form: <Signed Electronically> Remove  
 Email (optional): [redacted]

Navigation buttons: Previous, Next (highlighted), Print, Back

21

將出現可選的人口統計訊息，選擇後按下一步。



Application for Free and Reduced Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome  
 skyed.ortn.edu/scripts/wsisa.dll/WService=wsEPlus/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 <b>Application</b> <ul style="list-style-type: none"> <li>Step 1: Child Names</li> <li>Step 2: Benefits</li> <li>Step 3: Gross Income</li> <li>Step 4: Signature</li> <li>➔ <b>Optional: Ethnicity and Race</b></li> </ul> Review and Submit	<b>Optional - Children's Ethnic and Racial Identities</b> We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully served and does not affect your children's eligibility for free or reduced price meals.  <input type="checkbox"/> I would like to report this optional information  Mark one ethnic identity: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Hispanic/Latino</li> <li><input type="radio"/> Not Hispanic/Latino</li> </ul> Mark one or more racial identities: <ul style="list-style-type: none"> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> American Indian or Alaska Native</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</li> </ul>

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最後一步是審核並“提交申請”

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

s/wsisa.dll/WService=wsEPlus/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

點這裡

**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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將顯示您的申請摘要以供確認。

**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	

25

您可以選擇更新、檢視或列印您的申請

**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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感謝您在 Skyward 中完成線上免費及減價午餐申請。