Free & Reduced Lunch Application Online Skyward Form

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



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

SKYWARD' A	amily Access			
Home	Food Servic	e		Applications
Now Student	Current Acco	ount Balance	Today's Lunch Menu	Lunch Calendar
Online Enrollment	Lunch Type:	\$18.90 NOT APPROVED	No lunch menu details are available	for the current date.
Online Forms		FOR FREE		
Calendar	Lunch Type:	NOT		
Attendance		FOR FREE		
Food Service	(Roberts	sville Middle Scho	ol) View Totals Make a Payment	
Discipline	There are no p	payment records for	or this student.	
Test Scores	(Oak	Ridae Hiah Scho	ol) I Make a Payment	
	There are no r	aumont records f	as this student	

3 Choose one of your children.

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KYWARD"	Family Access			
Home	E r W	Balance	Today's Lunch Menu	Applications
New Student Online Enrollment	Lunch Type:	\$18.90 NOT	No lunch menu details are ava	ilable for the current date.
Online Forms		FOR FREE		
Calendar	Lunch Type:	NOT APPROVED		
Attendance	í	FOR FREE		

4 Click "Applications"

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Home	Food Service		Applications
Now Student	Current Account Balance	Today's Lunch Menu	Lunch Calendar
Online Enrollment	18.90 Lunch Type: NOT	No lunch menu details are available	e for the current date.
Online Forms	FOR FREE		
Calendar	Robertsville Middle Scho	ool) View Totals Make a Payment	
Attendance	There are no payment records for	or this student.	

Family E	Access					My Account	Contact Us
Fo	od Service			Appli	cations	Weekly Purcl	hases For: N
C	urrent Account Balance	Today's Lunch	Menu	Lunch Cal	endar	<u>/-</u>	
	: \$18.90 inch Type: NOT	No lunch menu o	details are availat	ble for the current	date.	Robe	s Week
ms	FOR FREE					Robe	Week Total
Pending App No pending a (240)	ication Add Application (Add Application					
Pending App No pending a (240) Temp Applic	ication Add Application { pplication was found. ation Application Date	Add Application	Dependents	Lunch Code	Denied?	Active?	Application Nb
Pending App No pending a (240) Temp Applic No	Add Application { pplication was found. ation Application Date Fri Jul 22, 2022	Add Application Effective Date Fri Jul 22, 2022	Dependents 5	Lunch Code Paid	Denied? Yes	Active? Yes	Application Nb
Pending App No pending a (240) Temp Applic No No	Add Application { pplication was found. ation Application Date Fri Jul 22, 2022 Thu Aug 5, 2021	Add Application Effective Date Fri Jul 22, 2022 Thu Aug 5, 2021	Dependents 5 5	Lunch Code Paid Paid	Denied? Yes Yes	Active? Yes Yes	Application Nb

Click "Maximize" to make the application screen larger.

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isa.	JII/WService=wsEAplus/stamaedit020.w
an	d Reduced Price School Meals
	Application for Free and Reduced Price School Meals
	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.
	 WHO CAN GET FREE OR REDUCED PRICE MEALS? 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.
	• Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
	 Children participating in their school's Head Start program are eligible for free meals.
	 Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.

7	After reading the letter, please click "Next"			
		_	Ø	×
				Q
	Next	Print	Ba	ck

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 ligible for the new school year.

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

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

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

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

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

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

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

Application for Free and Reduced Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome skyed.ortn.edu/scripts/wsisa.dll/WService=wsEAplus/sfamaedit020.w Application for Free and Reduced Price School Meals Application for Free and Reduced Price School Meals Steps Instructions for Applying. Please select the option below after reviewing all information. Letter to Parents Questions can be directed to contact information supplied in the Letter to Parents. Instructions for Applying I have read the Instructions for Applying and would like to continue the application Federal Income Chart Privacy Act Statement Please use these instructions to help you fill out the application for free or reduced price school meals. You on Non-discrimination Statement Ridge Schools. The application must be filled out completely to certify your children for free or reduced price s Application Please follow these instructions in order! Each step of the instructions is the same as the steps on your application of the instructions is the same as the steps on your application of the steps of t Step 1: Child Names PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE PAPER APPLICATION AND DO YOU • Step 2: Benefits STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, • Step 3: Tell us how many infants, children, and school students live in your household. They do NOT have to be relate Gross Income • Step 4: Who should I list here? Signature When filling out this section, please include all members in your household who are: Optional: Children age 18 or under and are supported with the household's income; Ethnicity and Race · In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; Review and Submit Students attending Oak Ridge Schools, regardless of age

9 After reviewing the information on this page please click "Next" × Ē Q Previous Next Print Back I information. ents. e application usehold'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/ Pensions/Retirement/All Other Income **Child Support** Unemployment benefits · Social Security (including railroad retirement and black lung benefits) Worker's compensation Private Pensions or disability

- Supplemental Security Income (SSI)
 Cash assistance from State or local government
- Alimony payments

- Income from trusts or estatesAnnuities
- Investment income

atized housing

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

	Application for Free and Reduced Price School Meals	Previous	Next	Print
6	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.			
pplying e Chart	I do not qualify for benefits or do not wish to complete an application			
ment				
n Statement	FEDERAL INCOME CHART			
	For School Year 2024-25			
95	Household Size Vearly Monthly Meethy			
	1 22/61 2.322 536			
	2 37,814 3,152 728			
me	3 47767 3.981 919			
	4 57,720 4,810 1,110			
	5 67,673 5,640 1,302			
nd Race	6 77,626 6,469 1,493			
it.	7 87,579 7,299 1,685			
	8 97,532 8,128 1,876			
	Each Additional Person:			
	9,953 830 192			
	1			

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

Reduced	nd Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome - 🔿	×
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ree a	and Reduced Price School Meals	
	Application for Free and Reduced Price School Meals Previous Previous Print Ba	ck
	Privacy Act Statement: This explains how we will use the information you give us.	
vent	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 eli 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 nucles are Please be sure to provide the last four numbers of the Social Security number of the adult household member who says the application. If the adult does not have one, 'Check If no Social Security Number,' Application Foster child on to 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 children who are homeless, migrant, or runaway.	jibilit met. for a id, an



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oo ai	Application for Free and Reduced Price School Meals	Previous	Print I	Back
ement	In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohib gender identity and sexual orientation), disability, age, or reprised 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 communia American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which https://www.usda.gov/state/defuil/tiles/documents/ad-3027.pdf. from any USDA office, by calling (866) 632-9992, or by writing a letter adress telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights 1400 Indegendence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov This Institution is an equal opportunity provider.	ited from discriminating on the basis of rac cation to obtain program information (e.g. 720-2600 (voice and TTV) or contact USDA or can be obtained online at: et o USDA. This letter must contain the co to USDA. This letter must contain the co ts (ASCR) about the nature and date of an	e, color, national origin, sex Braille, large print, audiotap through the Federal Relay t complainant's name, address, alleged civil rights violation	(includ xe, Service

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

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

	Application for Free and Reduced Price School Meals	Pregious	Next	Print
ents for Applying me Chart Zatement	Step 2 - Do any Household Members (including you) currently participate in one or more of the following assistance programs?			
tatement nation Statement 1: Names 2: 5: 3: 1: noome 4: me mai: ny and Race Submit	SWAP, TANE, or FDPIR If you didn't check the bac: Complete STEP 3. If you checked the bac: Write a case number here then go to Step 4 (Do not complete STEP 3) Case Number:			

15 Complete income reporting information, then click "Next"

	Application for Free and Reduced Price	School Meal	\$					Previous Next Print
, Applying Chart	Step 3 - Report Income for ALL Household Add More Names to Application	Members (Ski	o this ste	p if you answere	d 'Yes'	to STEP 2)	Γ	
ment	· · · · · · · · · · · · · · · · · · ·							
on Statement	Please read Instructions for Applying for the All Adult Household Members section	r more informa n.	tion. The	Sources of In	come	for Children se	tion will	help you with the Child Income question. The Sources of Income for Adults section v
es	A. Child Income Sometimes children in the household earn i Gross Income and How Often It Was R	teceived	include t	he TOTAL incom	e earn	ed by all children	in house	hold listed in STEP 1 here.
id Race	List all Household Members not listed in STEP 1 (including yourself) we they do not receive income from any source, write 'V. If you enter 'V or Gross Income and I Name of Adult Household Members First Name. Middle Initial, Last Name Earlings from Wark) even if they do '0' or leave any and How Often Public Assista Child Suppo	not re fields I It W noe, rt,	ceive income. Fo plank, you are cer as Received 2 Pensions, Retire	reach Hi tifying (s ment,	whold Member listed, if they do receive income, report total income for each source in mising) that there is no income to report.
	The thermal the second s		100000	Alimony		Par Conter and	1100	
	(Example) tane & Smith	\$200	N	\$150	A.	\$50		
	(Example) Jane A. Smith	\$200 \$0	W Y	\$150 \$0	8	\$50	~	
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16 This drop down menu will indicate when income is paid to the family member.

isehold Members (including yourself)

I 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 ve 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.

t Household Members ddle Initial, Last Name	Earnings from Work		Public Assistance, Child Support, Alimony		Pensions, Retirement, All Other Income		
A. Smith	\$200	W	¢150 0	·	e50 1	A I	
	\$0	~	W - Weekly, Monthly	B - Bi	Weekly, T - Twice	a Month	, M -
	\$0	I. I	201	•	501		_
	\$0	B	\$0	~	\$0	~	
	\$0	T	\$0	~	\$0	~	
	\$0	M	\$0	~	\$0	~	
	\$0	~	\$0	~	\$0	~	

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

State:	Zip Code:		
* C'			
 Signature of adult completing the form: 	1	Click to Sign	
Email (optional):			
			_
	Email (optional):	Email (optional):	Email (optional):

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

Under the Federal Electronic Signatures in Global and National Commerce Act, before you may sub this Food Service Account Application electronically, you must be provided with certain of the follow 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 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 b bound thereby. * I understand and agree that my electronic signature is the equivalent of a manual signature and others may rely on It as such in connection with any and all agreements I may enter into, including not limited to this Electronic Signature Agreement. * I further acknowledge and agree that It is my obligation to immediately advise the school district the event that I withdraw my consent to this Electronic Signature Agreement. * I further acknowledge and agree that It is my obligation to immediately advise the school district the event that I withdraw my consent to this Electronic Signature Agreement. * I further acknowledge and agree that It is my obligation to immediately advise the school district the event that I withdraw my consent to this Electronic Signature Agreement. * I further of Service account application and such missapropriotion could not reasonal be detected by the school district, the school district shall involve the inght for the at all resulting electro 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.	Elect	ronic Signature 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 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 bound thereby. * I understand and agree that my electronic signature Agreement and that I intend to bound thereby. * I understand and agree that my electronic signature is the equivalent of a manual signature and others may rely on it as such in connection with any and all agreements I may enter into, including not limited to this Electronic Signature nement.	Under this Fe inform agree	the Federal Electronic Signatures in Global and National Commerce Act, before od Service Account Application electronically, you must be provided with certain ation and you must affirmatively agree to the following and thereafter not with nent.	you may sub 1 of the follow draw your
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 others may rely on it as such in connection with any and all agreements I may enter into, including not limited to this Electronic Signature Agreement. * I further acknowledge and agree that it is my obligation to immediately advise the school district throng 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 the event that I withdraw my consent to this Electronic Signature Agreement. * I further acknowledge and agree that it is my obligation to immediately advise the school district 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 reasonable de detected by the school district, the school district shall have the right to true at all resulting electro- 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 is on the account.	Please Agree the ap	take a moment to review and acknowledge your understanding and acceptanc nent. By electronically signing this Food Service Account Application, I acknowl plication agreement, and I agree to be bound by the terms and conditions of th	e of this edge receipt o ie agreement.
* I have read and understood the foregoing Electronic Signature Agreement and that I intend to b bound thereby. * I understand and agree that my electronic signature is the equivalent of a manual signature and others may rely on it as such in connection with any and all agreements I may enter into, including not limited to this Electronic Signature Agreement. * I further acknowledge and agree that it is my obligation to immediately advise the school district 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 the event that I withdraw my consent to this Electronic Signature Agreement. * I further acknowledge and agree that it is my obligation to immediately advise the school district the event that I withdraw my consent to this Electronic Signature Agreement. * I further acknowledge and agree that in the event that any person known to me (whether It be a family member, member) misportion of district shall have the instructure accurult yelvices connected with my Food Service account application and such missappropriation could not reasonal be detected by the school district, the school district than any the highly thore all resulting electric 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.	By clic	king 'I Agree' and submitting this agreement via the internet, I acknowledge th	at:
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	* I ac individ the pe	nowledge and agree that the individual completing this electronic account appl ual in whose name the account is set up, or is someone authorized to submit th rson whose name is on the account.	ication is the his application
		Back	

19 <Signed Electronically> will appear when signature submitted.

e is reported. I understand that this information is given in connection with the receipt of Fede hildren may lose meal benefits, and I may be prosecuted under applicable State and Federal I

Daytime Phone:	(865) Ext:	
State:	TN Zin Code: 37	7830
* Signature of adult completing the form:	<signed electronically=""></signed>	Remove
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20 Click "Next"

		Previous	Next	Print	
reported. I understand that this information is gi fren may lose meal benefits, and I may be prose	en in connection with th uted under applicable St	e receipt of Federa ate and Federal lav	I funds, and t	hat school of	ficials may
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21 Optional Demographic Information will appear, click next after making a selection.

Application for Free and Reduced	I Price School Meals - Entity 240 - 05.24.06.00.02 - Google Chrome
skyed.ortn.edu/scripts/wsis	sa.dll/WService=wsEAplus/sfamaedit020.w
Application for Free a	nd 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	Optional - Children's Ethnic and Racial Identities 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 so optional and does not affect your children's eligibility for free or reduced price meals.
Non-discrimination Statement Application • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature • Optional: Ethnicity and Race Review and Submit	I would like to report this optional information Mark one ethnic identity: Mark one or more racial identities: Hispanic/Latino Asian American Indian or Alaska Native Black or African American Not Hispanic/Latino White Native Hawalian or Other Pacific Islander

22 The final step is to review and "Submit Application"

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

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

ee and Reduced Price School Meals



Click here

23

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,		Ch	neck all at apply	
Middle Initial, Last Name	Student?	Foste Child	Homeless Application Helper	(0)
Child 1	1		The Food Service application was successfully submitted.	
Child 2	1			
				_

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 Incom the All Adult Household Members section

24 A summary of your application will appear for confirmation.

	Notice: F	ending Application and will need t	will be marked to be resubmitte	as 'Not Submitte d for review.	d' if edited			
		Hou	usehold Membe	rs				
Names of Children		Stude	Student?		Foster Child		Homeless, Migrant, Runaway	
		Ye	s	No		No		
		Ye	s	No			No	
		Inc	ome Informatio	n				
Household Member	Name	Earnings from Work	n Pu	blic 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 An	nual 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		
40	Sat Aug 1, 2020	Fri Aug 7, 2020	6	Paid	Yes	Yes		
No.	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Paid	No	Yes		

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

d Service Applicatio	ons	
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.	

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