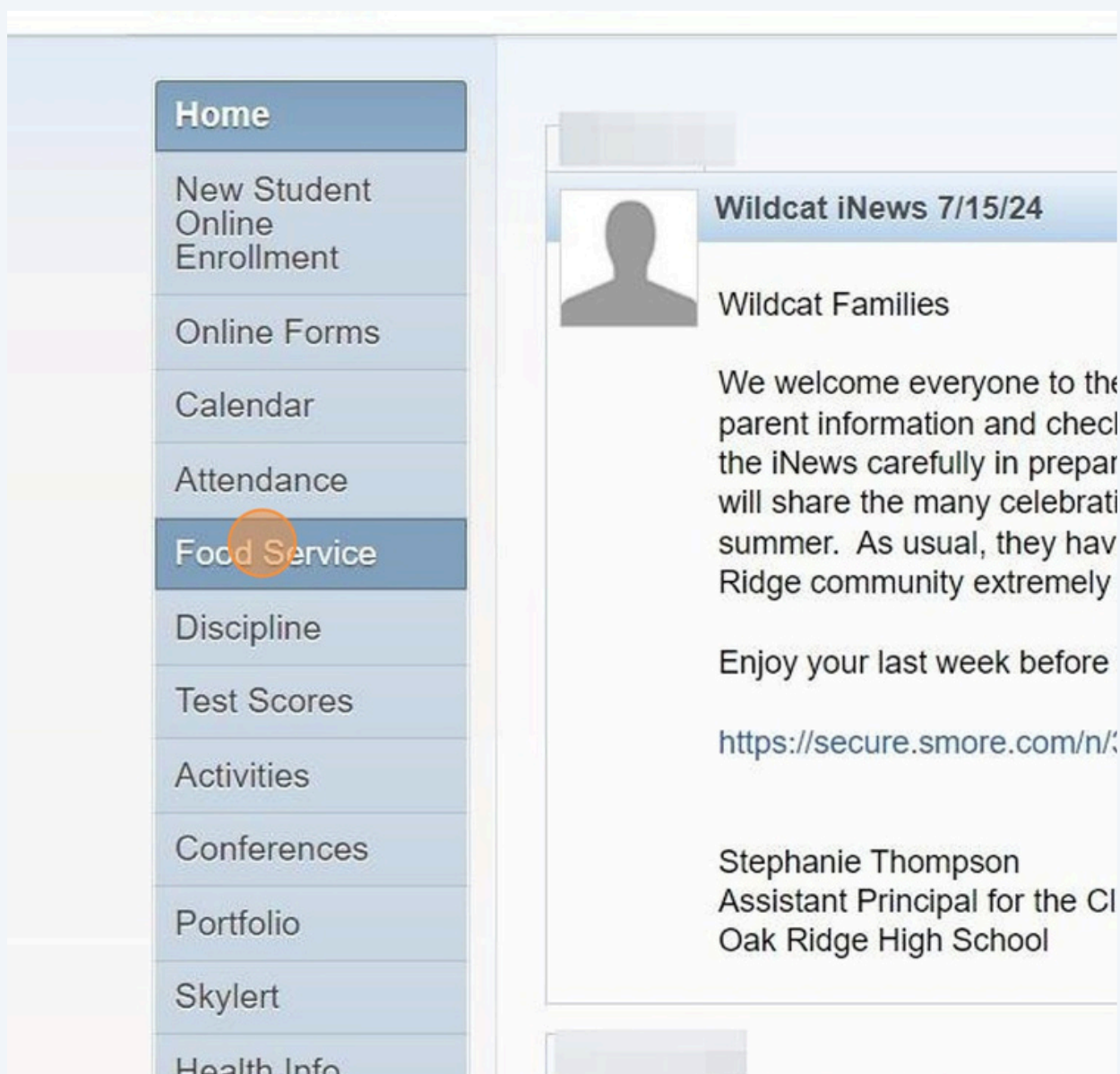


Solicitud de almuerzo gratis y a precio reducido en línea Formulario Skyward

Esta guía proporciona instrucciones paso a paso sobre cómo completar la Solicitud de almuerzo gratis o a precio reducido en línea utilizando el formulario Skyward. Es útil para las personas que necesitan ayuda para navegar el proceso de solicitud y garantiza que no se pierdan ningún paso importante.

1

Haga clic en el botón Servicio de alimentos en el menú del lado izquierdo.



The screenshot displays the Skyward website interface. On the left side, there is a vertical menu with several items: Home, New Student Online Enrollment, Online Forms, Calendar, Attendance, Food Service (highlighted with an orange circle), Discipline, Test Scores, Activities, Conferences, Portfolio, Skylert, and Health Info. On the right side, there is a news section titled 'Wildcat iNews 7/15/24' with a placeholder for a profile picture. The news content reads: 'Wildcat Families We welcome everyone to the parent information and check the iNews carefully in preparation for the summer. We will share the many celebrations we have planned for the summer. As usual, they have been extremely helpful to the Ridge community. Enjoy your last week before the summer break. https://secure.smores.com/n/ Stephanie Thompson Assistant Principal for the CI Oak Ridge High School'.

2 Si tiene más de un estudiante, elija el primer niño del menú desplegable.

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 Elige a uno de tus hijos.

Chrome
/WService=wsEApplus/sffoodservice001.w

SKYWARD® Family Access

All Students
E
W

Home
New Student Online Enrollment
Online Forms
Calendar
Attendance

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.

4

Haga clic en "Aplicaciones"

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

Haga clic en "Agregar aplicación"

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

Food Service [Applications](#)

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

Food Service Applications

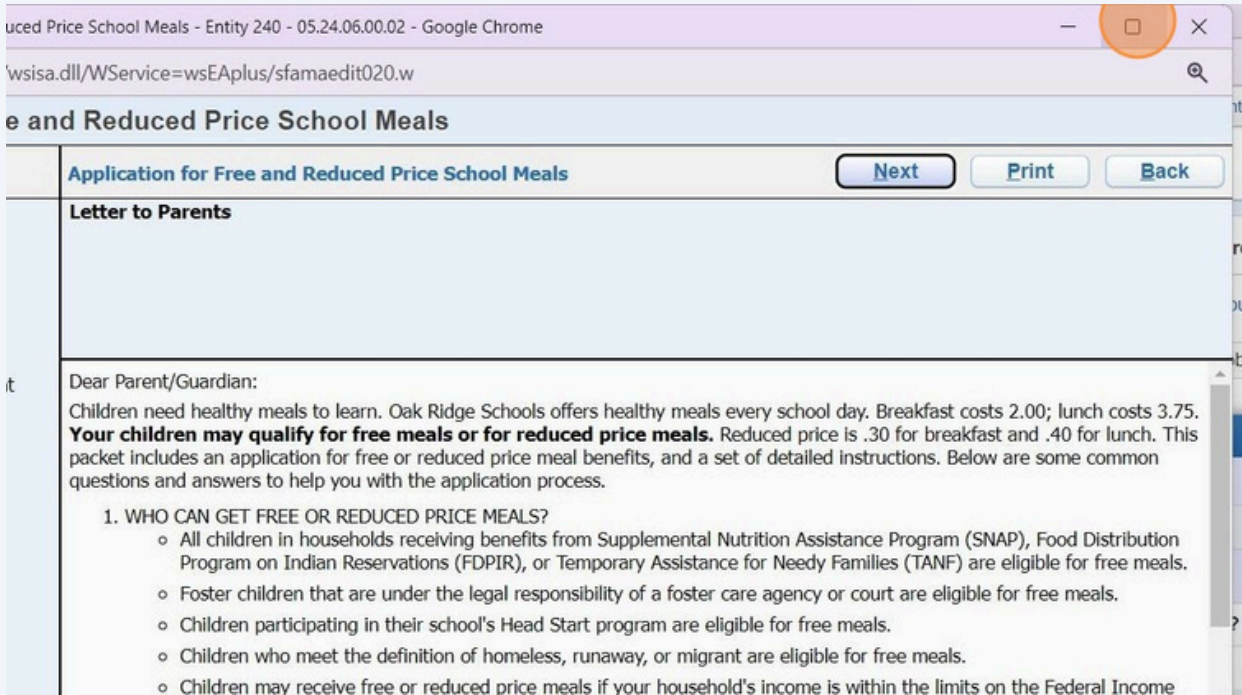
Pending Application [Add Application](#) [Add Application](#)
 No pending application was found.

(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	

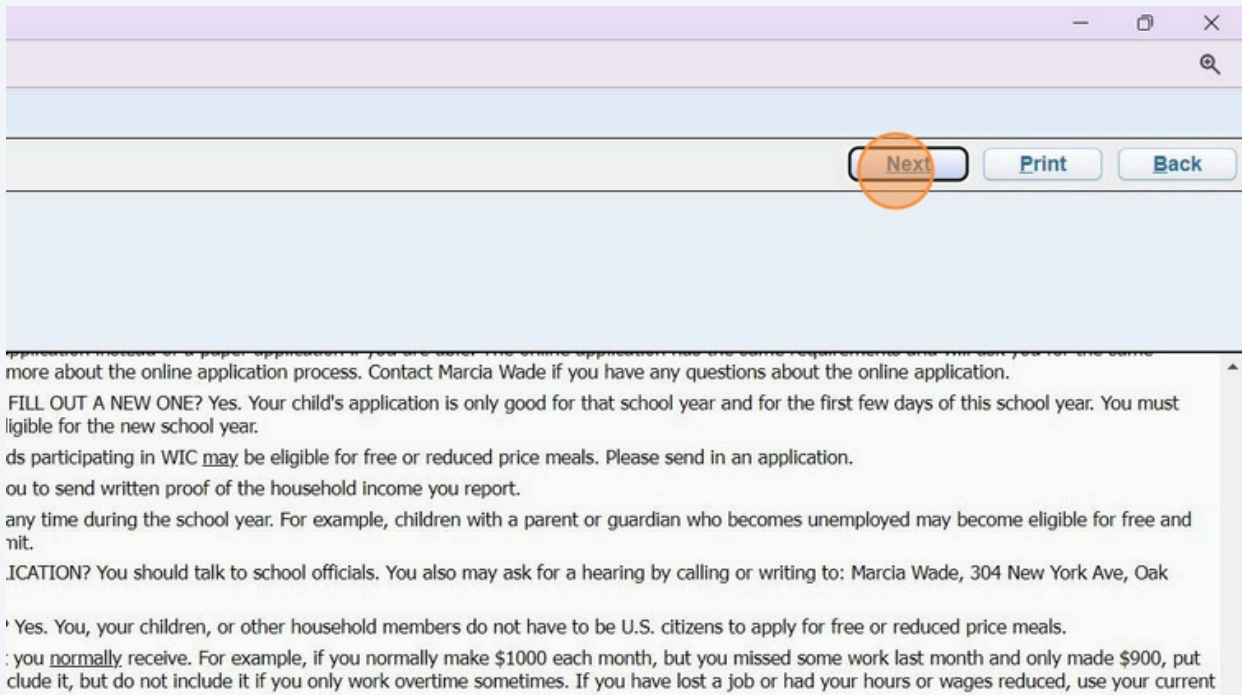
6

Haga clic en "Maximizar" para agrandar la pantalla de la aplicación.



7

Después de leer la carta, haga clic en "Siguiete"



8

Haga clic en "He leído las instrucciones para presentar la solicitud y me gustaría continuar con la solicitud".

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

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

Application for Free and Reduced Price School Meals

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

9

Después de revisar la información en esta página, haga clic en "Siguiente"

Information.
nts.
e application

Previous **Next** Print Back

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

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

10

Revise la información en esta página, tome una decisión sobre la pregunta resaltada aquí y luego haga clic en "Siguiente".

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

Después de revisar la información de esta página, haga clic en "Siguiente"

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.

12

haga clic aquí

Application for Free and Reduced Price School Meals

Previous **Next** Print Back

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. This letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

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

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

This institution is an equal opportunity provider.

13

Complete los pasos de esta página como se indica y luego haga clic en "Siguiete".

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

Revise la información en esta página, complétela si corresponde, luego haga clic en "Siguiete"

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

Submit

15

Complete la información del informe de ingresos, luego haga clic en "Siguiete"

Application for Free and Reduced Price School Meals

Application for Free and Reduced Price School Meals Previous **Next** Print

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

Add More Names to Application

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

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all children in household listed in STEP 1 here.

Gross Income and How Often It Was Received [?]

Child Income:

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members First Name, Middle Initial, Last Name	Gross Income and How Often It Was Received [?]		
	Earnings from Work	Public Assistance, Child Support, Alimony	Pensions, Retirement, All Other Income
(Example) Jane A. Smith	\$200 W	\$150 B	\$50 M
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>
	\$0 <input type="text"/>	\$0 <input type="text"/>	\$0 <input type="text"/>

* Total Household Members (Children and Adults):

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

dieci
seis

Este menú desplegable indicará cuándo se pagan los ingresos al miembro de la familia.

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	M
	\$0	▼	\$0	▼
	\$0	W	\$0	▼
	\$0	B	\$0	▼
	\$0	T	\$0	▼
	\$0	M	\$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
Earner or Other Adult Household Member: ***-**- Check if no SSN

17 Complete la información de la dirección y luego haga clic para firmar para enviar la firma electrónica.

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:

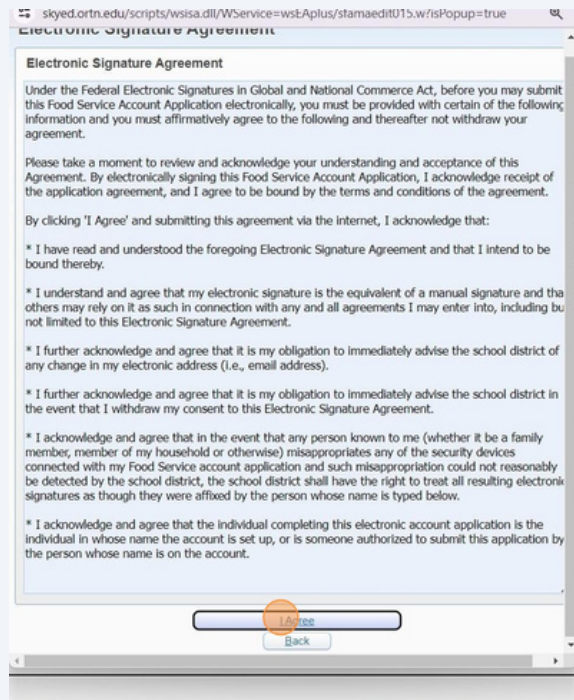
City: Daytime Phone: Ext:

State: Zip Code:

* Signature of adult completing the form:

Signature Date: Email (optional):

- 18 Aparecerá una ventana emergente, haga clic en Acepto para completar la firma electrónica.



- 19 <Firmado electrónicamente> aparecerá cuando se envíe la firma.

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

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

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

Email (Optional): []

20

Haga clic en Siguiente"

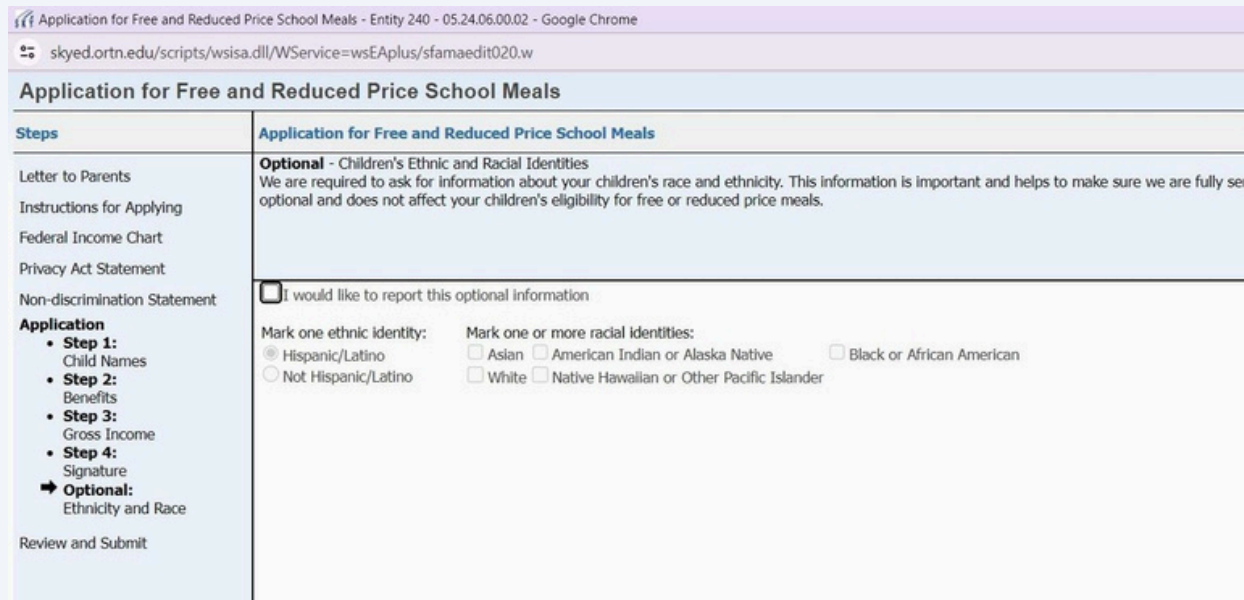


come is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

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

21

Aparecerá información demográfica opcional; haga clic en Siguiente después de realizar una selección.



22

El último paso es revisar y "Enviar solicitud".

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

haga clic aquí

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

24

Aparecerá un resumen de su solicitud para su confirmación.

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

Puede optar por actualizar, ver o imprimir su solicitud.

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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Gracias por completar su solicitud en línea para almuerzo gratis o reducido en Skyward.