PARENT INSTRUCTIONS FOR COMPLETING THE LUNCH APPLICATION ONLINE

This presentation will walk you through the process of completing the Free & Reduced Lunch Application for the 2017-2018 school year. We've listed the steps as well as provided "screen shots" of what your computer would look like at each stage. Pay attention to the yellow arrows on each screen.

Please contact the Help Desk at (512) 772-7199 if you need additional assistance.

Thank you!



PARENT INSTRUCTIONS FOR COMPLETING THE LUNCH APPLICATION ONLINE

Step 1:

Log in to your family access account. Choose one of your students from the drop down menu.

Step 2:

Click on the Food Service tab on the left side of the screen.

Independent School Distric



PARENT INSTRUCTIONS FOR COMPLETING THE LUNCH APPLICATION ONLINE

Step 3: Click on Applications.

Step 4: When you do this, another box will pop up.



Family Access Food Servi	ice - Google Chrome	
Secure https://sky	mily Access	My Account Contact Us Email History Exit
Home	Food Service	Applications Click on Applications.
New Student Online Enrollment Returning Student Online	Current Account Balance \$0.00 Lunch Type: NOT IDENTIFIED ECONOM DISADV	Today's Lunch Menu Lunch Calendar No lunch menu details are available for the current date.
Registration Calendar Attendance	BASTROP MS) View There are no payment records for	w Totals or this student.
Food Service Discipline		
Test Scores Endorsements		
Portfolio Health Info		
School Directory		
Login History		

5. Then click on Add Application.

Food Service Applications	X
Pending Application Add Application Click on Add Application.	
No pending application was found.	
Security settings do not allow you to view student application information.	

6. A letter explaining the application process displays; click Next after reading the letter.

Multi-Child Applicatio	on for Free and Reduced-Price School Meals - Entity 041 - 05.17.06.00.05 - Google Chrome	
Secure https://s	skyward.bisdtx.org/scripts/wsisa.dll/WService=wsEAplus/sfamaedit020.w	
Multi-Child App	Jication for Free and Reduced-Price Scho	ıge ▼
Steps	Multi-Child Application for Free and Reduced-Price Se After Reading click Next Print Be	ack
➡ Letter to Parents	Letter to Parents	
Directions for Applying		
Federal Income Chart		
Privacy Act Statement		
Non-discrimination Statement Application • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature Review and Submit	 Dear Parent/Guardian: Children need healthy meals to learn. Bastrop ISD offers healthy meals every school day. Breakfast costs 1.50; lunch costs 2.70. Your children may gualify for fine of the role of the	y tion ins ility eals. 't il ting for l, use uded t your it have

7. After reading all the information and instructions, if you wish to continue, select the checkbox acknowledging that you have read the instructions and click Next.



8. Review the Federal Income Chart and select the box if you do not qualify for benefits or do not wish to continue. Click Next.

Multi-Child Application	for Free	and Reduc	ed-Price	School Me	als - Entity	041 - 05.17.06	5.00.05 - Google Cl	Chrome	
Secure https://sk	yward.b	oisdtx.org/	/scripts/	wsisa.dll/\	WService:	=wsEAplus/s	famaedit020.w		
Multi-Child Appli	catior	n for Fre	ee and	Reduc	ed-Pric	e School	Meals		Select Language 🔻
Steps	Multi-0	Iulti-Child Application for Free and Reduced-Price School Meals Previous Next Print Back							Print Back
Letter to Parents Directions for Applying → Federal Income Chart Privacy Act Statement Non-discrimination Statement Application • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature Review and Submit	Vour c If you c If you c If you c If you c I I Size 1 2 3 4 5 6 7 8 For ea	hidren ma do not quali I do not quali I do not quali Che box Vish to Vish to Annually 22,311 30,044 37,777 45,510 53,243 60,976 68,709 76,442 ach additio 7,733	A gualify fy for ber alify for cont Monthly 1,860 2,504 3,149 3,793 4,437 5,082 5,726 6,371 onal fam 645	y for free hefits or do benefits or u do q inue. Month 930 1,252 1,575 1,897 2,219 2,541 2,863 3,186 ily member 323	or reduce not wish to do not wish ualify Ualify Weeks 859 1,156 1,453 1,751 2,048 2,346 2,643 2,941 er add: 298	Weekly 430 578 727 876 1,024 1,173 1,322 1,471 149	is if your househ application, check an application	hold income falls within the limits on that the option below. If you do qualify and we continue, then click Ne	rish to ext.

9. Read the Privacy Act Statement and any other statements, such as the Nondiscrimination Statement; click Next.

Multi-Child Application	for Free and Reduced-Price School Meals - Entity 041 - 05.17.06.00.05 - Google Chrome
Secure https://sk	yward.bisdtx.org/scripts/wsisa.dll/WService=wsEAplus/sfamaedit020.w
Multi-Child Appli	cation for Free and Reduced-Price School Meals
Steps	Multi-Child Application for Free and Reduced-Price School Meals Previous Next Print Back
Letter to Parents Directions for Applying Federal Income Chart → Privacy Act Statement Non-discrimination Statement Application • Step 1: Child Names • Step 2: Benefits • Step 3: Gross Income • Step 4: Signature Review and Submit	Privacy Act Statement: This explains how we will use the information you give us. After reading the Privacy Statement, click Next. 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.

10. Read the Non-discrimination Statement and then click Next.

11. Enter all household members. This includes all guardians, your student's, and children under school age. Select the appropriate boxes and click Next.

Steps	Free and Reduced Price School Meals Family Application Proglous Noxt Prin						A B	ack
Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement	PART 1. ALL HOUSEHOLD MEMBERS		Cli ha	<mark>ck Next</mark> ve been	after a entere	∖ <mark>II name:</mark> ed.	S	
Non-discrimination Statement	Enter all Ho	ousehold Members ar	nd choos	se the a	opropri	ate	a foster, child. If	
Non-discrimination Statement Application Part 1: Household Names	Enter all Ho Names Living in (First, Middle Initial, Last)	member is not in set	nd choos	se the ap	opropri		a foster, child. If neless, to Part 4	Check f NO
Non-discrimination Statement Application Part 1: Household Names Part 2: Benefits Part 2:	Enter all Ho Names Living in (First, Middle Initial, Last)	member is not in st	nd choos	se the ap	opropri agn this fo Migrant	ate mi. Runaway	a foster, child. 1f neless, to Part 4 Head Start	Check f HO Income
Non-discrimination Statement Application Part 1: Household Names Part 2: Benefits Part 3: Gross Income	Enter all Ho Names Living in (First, Middle Initial, Last) (Example) Jane A. Smith	member is not in st	Foster	to s Homeless	agn this fo Migrant	ate mil. Runaway	a foster, child. If meless, to Part 4 Head Start	Check f NO Income
Non-discrimination Statement Application Part 1: Household Names Part 2: Benefits Part 3: Gross Income Part 4: Circustor	Enter all Ho Names Living in (First, Middle Initial, Last) (Example) Jane A. Smith Argentina Abastascr	member is not in st	Foster	to s Homeless	agn this fo Migrant	ate mil. Runaway	a foster, child. If meless, to Part 4 Head Start	Check f NO Income

12. A validation message will appear, asking you to verify that the household members listed do not have income.

13. If appropriate, enter the benefit information, and click Next.

PART 2. BENEFITS If <u>any</u> member of your household red the program name, and case number one receives these benefits, go to Pa	reives FoodShare, FDPIR or W-2 Cash Benefits, provide th (not a Quest Card number) for the person who receives b art 3	ne name of the household member, ienefits and skip to Part 4 . If no
Name: Case Number:	Program Name:	

14. Enter the Total Household Gross Income information, and click Next. Note: Based on the household information provided earlier, names were copied into this section. Review the names and remove them, if necessary, based on the application instructions.

PART 3. TOTAL HOUSEHOLD GROSS Select the box for how often it is rece to provide income information. If you e eport. Enter the In	INCOME (before de wed. Record each ir enter '0' or leave an come for each	ductions icome of y fields b y perso). List all income or nly once. If you pri lank, you are certif	i the sar wided a ying (pr e, clic	me line as the perso case number in Par omising) that there ok Next.	n who recei t 2, you do ; is no income	ves it. not need : to	
1. Full Name		2	. Gross Income a	nd Hov	v Often It Was Re	ceived ?		
First Name, Middle Initial, Last Name	Earnings from Before Deduc	Work tions	Welfare, Child Si Alimony	upport,	Pensions, Retireme Security, SSI, VA	ent, Social Benefits	All Other Inc	ome
(Example) Jane A. Smith	\$199.99	W	\$149.99	8	\$99.99	M	\$50.00	М
Argentina Abastascr	\$1,125.00	в.,	\$0.00	•	\$0.00	+	\$0.00	

15.Read the Electronic Signature Agreement and click I Agree.

Electronic Signature Agre	ement	
Under the Federal Electronic submit this Food Service Accord of the following information a not withdraw your agreemen	Signatures in Global and National Commerce Act, before you may ount Application electronically, you must be provided with certain and you must affirmatively agree to the following and thereafter it.	Î
Please take a moment to rev Agreement. By electronically receipt of the application agr the agreement.	iew and acknowledge your understanding and acceptance of this signing this Food Service Account Application, I acknowledge eement, and I agree to be bound by the terms and conditions of	
By clicking "I Agree' and subn	nitting this agreement via the internet, I acknowledge that:	
* I have read and understoo to be bound thereby.	d the foregoing Electronic Signature Agreement and that I intend	
 I understand and agree that and that others may rely on in into, including but not limited 	at my electronic signature is the equivalent of a manual signature It as such in connection with any and all agreements I may enter I to this Electronic Signature Agreement.	=
I further acknowledge and district of any change in my e	agree that it is my obligation to immediately advise the school electronic address (i.e., email address).	
* I further acknowledge and district in the event that I wi	agree that it is my obligation to immediately advise the school thdraw my consent to this Electronic Signature Agreement.	
I acknowledge and agree t family member, member of m devices connected with my i not reasonably be detected treat all resulting electronic si s typed below.	that in the event that any person known to me (whether it be a my household or otherwise) misappropriates any of the security Food Service account application and such misappropriation could by the school district, the school district shall have the right to ignatures as though they were affixed by the person whose name	
* I acknowledge and agree t the individual in whose name	the account is set up, or is someone auth Click I Agree after	read
	statement	

16. Sign the application and enter the last four digits of your Social Security Number. The signature you provide will be an electronic signature.

adult household member must sign the application. If Pa	rt 3 is completed, the adult signing	the form	also must li	st the last four di
ertify (promise)	e and that all income is report			e Federal
te funds based Enter your name nere.	ay verify the information; and	ared as allo	anne nere. Shy by	d(ren) m
	· · · · · · · · · · · · · · · · · · ·			
* Sign here: <signed electronicaly=""> Rem</signed>	ove * Print Na	me: Argen	tina Abastascr	
* Sign here: <signed electronicaly=""> Rem Date: 01/26/2016</signed>	eve * Print Na Phone Num	me: Argen ber: (555)	tina Abastascr 255-7888	Ext:
* Sign here: <signed electronicaly=""> Rem Date: 01/26/2016 Address:</signed>	ove * Print Na Phone Num Cell Phone Num	me: Argen ber: (555) ber:	tina Abastasci 255-7888	Ext:
* Sign here: <signed electronicaly=""> Rem Date: 01/26/2016 Address: City:</signed>	eove * Print Na Phone Num Cell Phone Num St	me: Argen ber: (555) ber: ate:	Zip Cod	Ext:
* Sign here: <signed electronicaly=""> Rem Date: 01/26/2016 Address: City: .ast Four Digits of SSN: ***.**- 4789</signed>	eve * Print Na Phone Num Cell Phone Num St last 4 of Social	me: Argen ber: (555) ber: ate:	ZSS-7888 ZIP Cod	Ext:

17. Enter the children's ethnic and racial identity and click Next. This is optional.

Free and Reduced Price	School Meals Family Application	Previous Next Print Back				
PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITY (OPTIONAL)						
		After entering information, click Next. This information is optional, so if you choose not to enter anything, just click Next.				
I would like to report t	nis optional information					
Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino	Mark one or more racial identities: Asian American Indian or Alaska Nat White Native Hawaian or Other Pac	tive 🔲 Black or African American ific Islander				

18.Review the completed application and click the Submit Application button. Note: If at any point in the process you skipped a required field or entered incorrect data, a message appears explaining the errors. All errors must be corrected before you can submit the application for approval.

19. Once you have submitted your application, you may be able to Update a Pending Application, View the Application, and Print the Application.

Pending Application	Update Pending /	Application View	w Applic	cation Print Ap	oplication				
	Applic	ation Date: Tue	Jan 26,	2016 (Applicat	ion Waiting For A	pproval)			
	Notice	Pending Applic and will	ation w need to	ill be marked a be resubmitte	s 'Not Submitted' d for review.	if edited			
			Hous	sehold Member	s				
Names of Household Members			School Name		For	Foster Child?		No Income?	
Argentina Abastascr								No	
Jon Abbotscr			High School			No		Yes	
			Inco	me Information	1				
Family Member Nar	ne Earnings	Earnings from Work S		Ifare, Child ort, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits			Other Income	
Argentina Abastasc	r2	29,250.00		0.00	0.00		0.00		
		Tot	tal Annu	ual Income: 29,	250.00				
Jon (400)									
Temp Application	Application Date	Effective Date	9	Dependents	Lunch Code	Denied?	Active?	Application Nbr	
No	Mon Jun 2, 2014 Mon Jun 2, 20		14	5	Free/Gratuitas	No	Yes		
No	Fri Jun 28, 2013	Thu Sep 26, 2	013	0	Free/Gratuitas	Yes	Yes		