

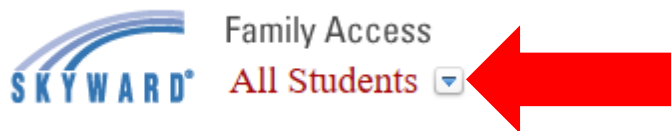
# How to Apply for Free or Reduced-Price Meal Benefits

**Login to your Skyward Family Access account:**

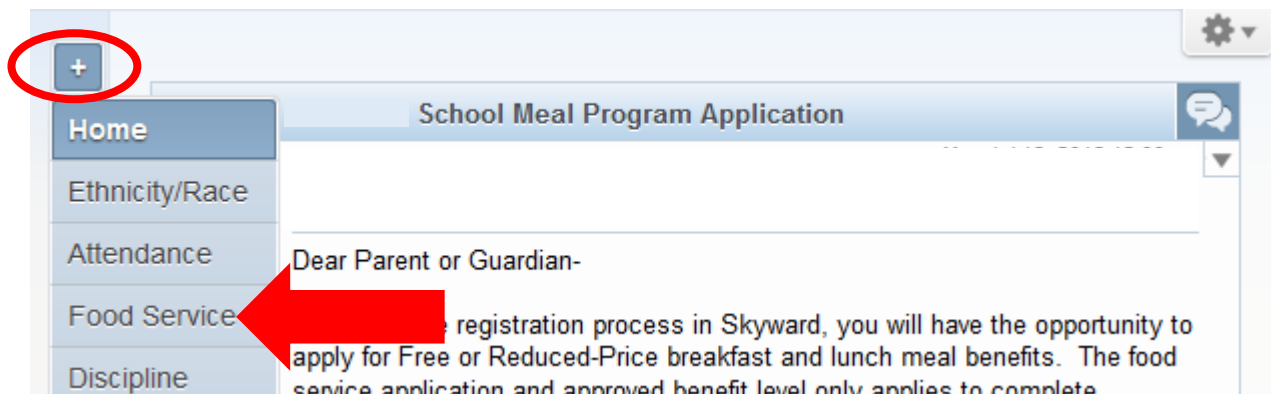
- [Skyward Login](#)

**Step 1** – If you have multiple students, click on the drop down arrow and select one of your students. Only one application is needed to cover all students in a household.

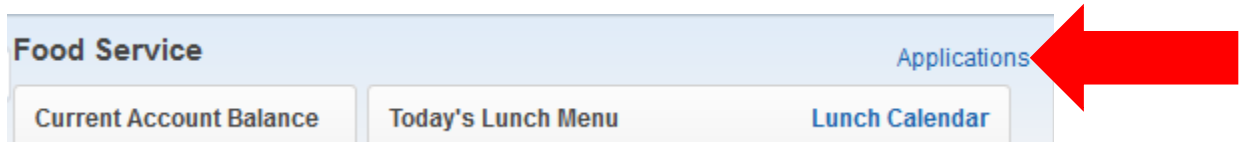
Households with only one student will skip this step.



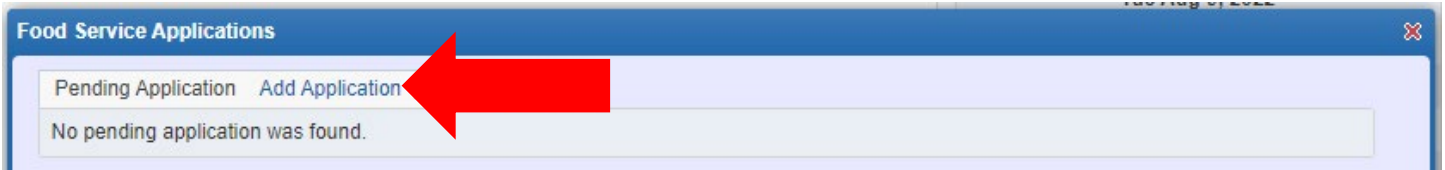
**Step 2** – Ensure the menu on the left hand side of the screen is viewable. Users may have to click on the ‘+’ sign to see the menu. Then click on the *Food Service* option.



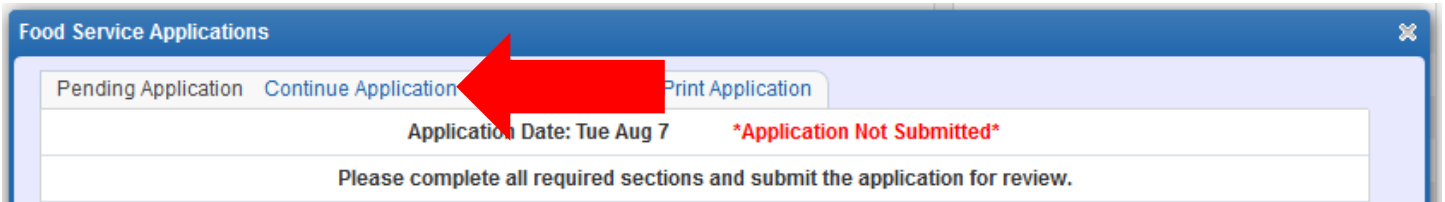
**Step 3** – Once in *Food Service* click on the *Applications* link.



**Step 4** – Click *Add Application* to start a new application.



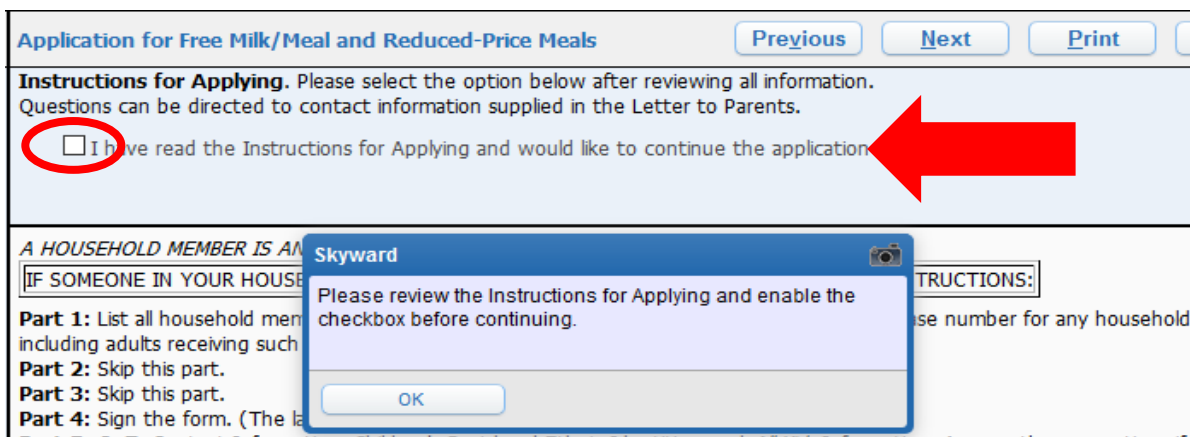
If an application had previously been started, but was never fully submitted click on *Continue Application*.



**Step 5** – *Letter to Parents, Instructions, Privacy and Non-Discrimination Statement, and Federal Income Chart.* Use the *Next* button at the top of the screen to advance through each part of the application.



- Make sure each part of the application is completed and acknowledged. If steps are missed or left empty, pop-ups or warnings may appear.



- Under the *Federal Income Chart* section, users will be able to review the Federal Income Eligibility Guidelines. Only the Reduced-Price meal guidelines are listed.
  - Users with income in excess of the amounts listed can check the box next to the *I do not qualify for benefits or do not wish to complete and application* statement, if they decide not to apply. This will delete the app that is started, and will not leave an application in *Not Submitted* status.

**Application for Free Milk/Meal and Reduced-Price Meals**

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**Letter to Parents**

- NSLP/SBP
- Free IL/SMP

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**Federal Income Chart**

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- ➔ Free IL/SMP

**Application**

- ➔ **Part 1:** Household Names
- **Part 2:** Child Status

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 Eligibility Guidelines (Effective July 1, 2024 - June 30, 2025)**

Free (130% Federal Poverty Guideline)

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,578	1,632	816	753	377
2	26,572	2,215	1,108	1,022	511
3	33,566	2,798	1,399	1,291	646

**Application Helper**

By checking this option, the current application will be **deleted** and any sections that were completed **will be removed**.

Are you sure you want to continue?

[Yes - Delete Current Application] [Cancel]

**Step 6 – Complete Part 1 through Part 7 of the application.**

- **Part 1 – ALL household members must be listed here. This includes:** Students; Parents; Guardians, etc. Anyone that is a member of the household **MUST** be listed in Part 1.
  - SNAP or TANF Case Number – All names listed are automatically searched for SNAP or TANF benefits. Users that are unsure of an EXACT case number, or unsure if this applies can choose to leave this field blank. Entering in an incorrect case number could affect the completion of the remaining parts of the application.
  - Check if **NO** Income – DO NOT check this box for anyone that has any type of income (Wages, Retirement, SSI, Child Support, etc.)

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**Application**

- ➔ **Part 1:** Household Names
- **Part 2:** Child Status
- **Part 3:** Gross Income
- **Part 4:** Signature
- **Part 5:** Contact Information

1. All Household members - Complete One Application Per Household Per School District. Skip to Part 4 if you list a SNAP or TANF case number. A foster child is the legal responsibility of a welfare agency or court. School Name and Grade columns are for students only.

Add More Names to Application

Legal Name of Household Names (First, Middle Initial, Last)	School	Grade	Check if Foster Child	SNAP or TANF Case Number	Check if NO Income
(Example) Jane A. Smith			<input type="checkbox"/>		<input type="checkbox"/>
Jane A. Doe			<input type="checkbox"/>		<input type="checkbox"/>
John A. Doe			<input type="checkbox"/>		<input type="checkbox"/>
Jenny A. Doe	Glenwood Elementary	4	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Jimmy A. Doe	Glenwood Middle	7	<input type="checkbox"/>		<input checked="" type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

- **Part 2** – This is determined by a district liaison, therefore this can be skipped by clicking *Next*.

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Child Status:  Homeless  Migrant  Runaway  Head Start

- **Part 3** – ALL household members listed in Part 1, who have income **MUST** be listed in this section. This is for any household member that **DID NOT** have the *No Income* box checked **MUST** list all of their income sources in this section.

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Application
 

- Part 1: Household Names
- Part 2: Child Status
- ➔ Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: ...

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

Add More Names to Application

1. Full Legal Name (First Name, Middle Initial, Last Name)	2. Gross Income and How Often it was Received ?				
	Earnings from Work (Before Deductions)		Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Worker's Comp, Unemployment, SSI, Etc. (All Other Income)
(Example) Jane A. Smith	\$199.99	W	\$149.99	B	\$99.99
Jane A. Doe	\$400.00	M	\$0.00		\$50.00
John A. Doe	\$100.00	W	\$0.00	T	\$0.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00
	\$0.00		\$0.00		\$0.00

- **Part 4** – Electronically sign the application. Enter the last 4 digits of the social security number of the adult household member that is signing the application. Type in that adult household members name, then *Click to Sign*.

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

An adult household member must sign the application. Once Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'I do not have a Social Security Number' box. See [Privacy Act Statement](#)

\* Last Four Digits of SSN: \*\*\*-\*\* -   OR  I do not have a Social Security Number

I certify (promise) that all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

[Click to Sign](#)

Date                      Printed Name of Adult Household Member\*                      Signature of Adult Household Member\*

- After clicking on *Click to Sign* a pop-up box will show. Users must click the *I Agree* button to continue.

**Electronic Signature Agreement**

**Electronic Signature Agreement**

Under the Federal Electronic Signatures in Global and National Commerce Act, before you may submit this Food Service Account Application electronically, you must be provided with certain of the following information and you must affirmatively agree to the following and thereafter not withdraw your agreement.

Please take a moment to review and acknowledge your understanding and acceptance of this Agreement. By electronically signing this Food Service Account Application, I acknowledge receipt of the application agreement, and I agree to be bound by the terms and conditions of the agreement.

By clicking 'I Agree' and submitting this agreement via the internet, I acknowledge that:

- \* I have read and understood the foregoing Electronic Signature Agreement and that I intend to be bound thereby.
- \* I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with any and all agreements I may enter into, including but not limited to this Electronic Signature Agreement.
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district of any change in my electronic address (i.e., email address).
- \* I further acknowledge and agree that it is my obligation to immediately advise the school district in the event that I withdraw my consent to this Electronic Signature Agreement.
- \* I acknowledge and agree that in the event that any person known to me (whether it be a family member, member of my household or otherwise) misappropriates any of the security devices connected with my Food Service account application and such misappropriation could not reasonably be detected by the school district, the school district shall have the right to treat all resulting electronic signatures as though they were affixed by the person whose name is typed below.
- \* I acknowledge and agree that the individual completing this electronic account application is the individual in whose name the account is set up, or is someone authorized to submit this application by the person whose name is on the account.

- **Part 5** – Contact Information. This section is optional. Click *Next* after completion or to skip this section.

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<b>Steps</b>  <b>Letter to Parents</b> <ul style="list-style-type: none"> <li>• NSLP/SBP</li> <li>• Free IL/SMP</li> </ul> Instructions for Applying Privacy Act Statement Non-discrimination Statement <b>Federal Income Chart</b> <ul style="list-style-type: none"> <li>• NSLP/SBP</li> <li>• Free IL/SMP</li> </ul> <b>Application</b>	<div style="text-align: right; margin-bottom: 5px;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Print"/> <input type="button" value="Back"/> </div> <p><b>5. Contact Information</b></p> <p>Work Telephone Number: <input style="width: 100px;" type="text"/> Ext: <input style="width: 50px;" type="text"/> Home Telephone Number: <input style="width: 100px;" type="text"/> Ext: <input style="width: 50px;" type="text"/></p> <p>Home Address: <input style="width: 90%; height: 20px;" type="text"/></p> <p>City: <input style="width: 40%; height: 20px;" type="text"/> State: <input style="width: 50px;" type="text"/> Zip Code: <input style="width: 100px;" type="text"/></p>

- **Part 6** – Racial and Ethnic Identities. This section is optional. If users would like to complete this section the box next to *I would like to report this optional information* **must** be checked. Then mark the appropriate box or boxes.

## 6. Children's Racial And Ethnic Identities (Optional)

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 Hawaiian or Other Pacific Islander

- **Part 7** – Sharing Application Information With All Kids. This section is optional. Complete, or click *Next* to skip this section.

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**Application**

- Part 1:

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

No! I DO NOT want information from my Household Eligibility Application shared with *All Kids*

Signature of Parent/Guardian:  Click to Sign    Date:

Printed Name:

**Step 7** – Review and Submit. Once users click *Next* in Part 7, an automatic review or edit check of the application will be completed. Any errors or missing information will be listed in **red** at the top of the screen.

- An example of possible errors are shown below.

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**Application**

- Part 1: Household Names
- Part 2: Child Status
- Part 3: Gross Income
- Part 4: Signature
- Part 5: Contact Information
- Part 6: Ethnicity and Race
- Part 7: Sharing Information

**Please review the completed application and fix any indicated errors before submitting for approval. \*\*Please Note: The application has not yet been submitted. This application cannot be submitted until any errors listed below are resolved and the Submit Application button is clicked.**

- **3. Total Household Gross Income** must be completed.
- **1. All Household members** contains a name not found in **3. Total Household Gross Income**. Please fill-in or fix the spelling for the following: J A Doe.

**1. All Household members** - Complete One Application Per Household Per School District. Skip to Part 4 if you list a SNAP or TANF case number. A foster child is the legal responsibility of a welfare agency or court. School Name and Grade columns are for students only.

**SCHOOL USE ONLY:**  Check if Error Prone Application


Legal Name of Household Names (First, Middle Initial, Last)	Birthdate	School	Grade	Check if Foster Child	SNAP or TANF Case Number
J X Doe	08/07/2004	GMS	8	<input type="checkbox"/>	
J A Doe	05/06/1967			<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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

Child Status:  Homeless  Migrant  Runaway  Head Start

## FINAL STEP - Submit Application

- After making any necessary corrections on the application, users may need to click *Next* multiple times to work back through the other sections of the application.
- If no errors or missing information are found after clicking *Next* in part 7, the following screen will appear to submit the application.

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<b>Letter to Parents</b> <ul style="list-style-type: none"><li>• <a href="#">NSLP/SBP</a></li><li>• Free IL/SMP</li></ul> Instructions for Applying Privacy Act Statement Non-discrimination Statement	<p>Please review the completed application and click the button to submit the application.</p> <p><a href="#">Submit Application</a>  <b>NOTE: The application has not yet been submitted. This application will not be considered until the <b>Submit Application</b> button is clicked.</b></p> <p><b>1. All Household members</b> - Complete One Application Per Household Per School District. Skip to Part 4 if you list a SNAP or TANF case number. A foster child is the legal responsibility of a welfare agency or court. School Name and Grade columns are for students</p>

***Applications may take up to 10 days to be processed.***

***Households will receive an email notification AND/OR a posting to their Skyward Family Access page. The notifications will state whether the application has been approved or denied.***

***If a household's application is denied, the reason(s) for denial of the submitted household eligibility application will be included.***

***Households can reapply at ANYTIME during the school year. If you have a decrease in your income, or an increase in your family size, households are encouraged to reapply.***