

School Meal Eligibility for the 2020-21 School Year

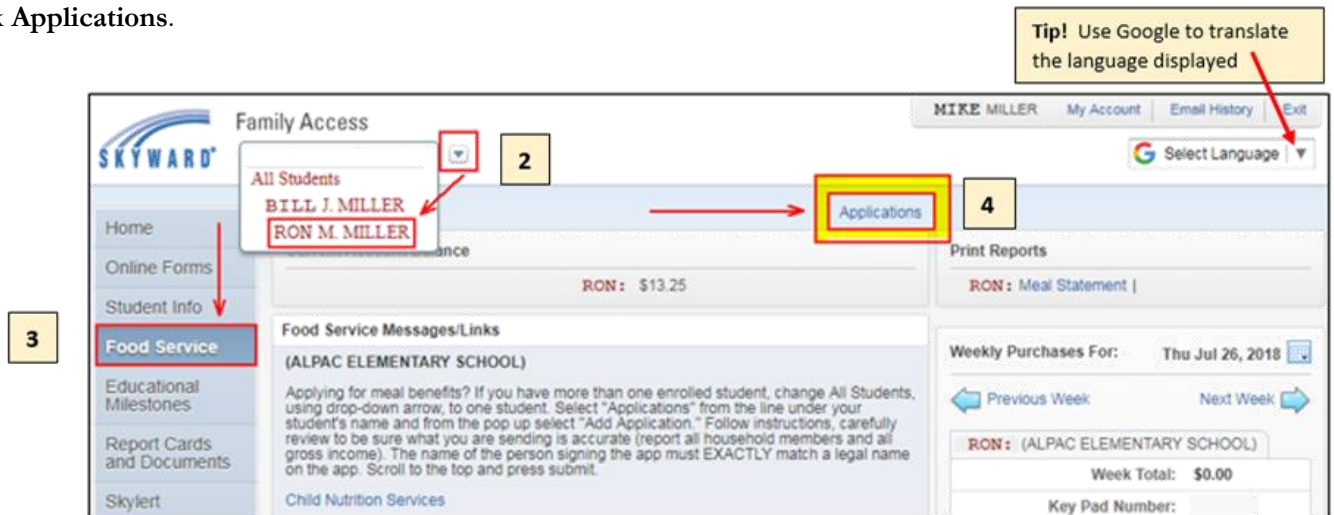
Every year meal eligibility must be renewed. If you want your child to have free or reduced-price meals, you need to apply (unless you have already received an approval letter from Child Nutrition Services for the 2020-21 school year). If you apply this school year and qualify for free or reduced-price school meals, you may be able to receive a discount on other programs as well. Only the parent/guardian in household one (the student's primary residence) may apply for meal benefits. *Complete one application per household.*

How to Apply Online for Free or Reduced-price Meal Benefits

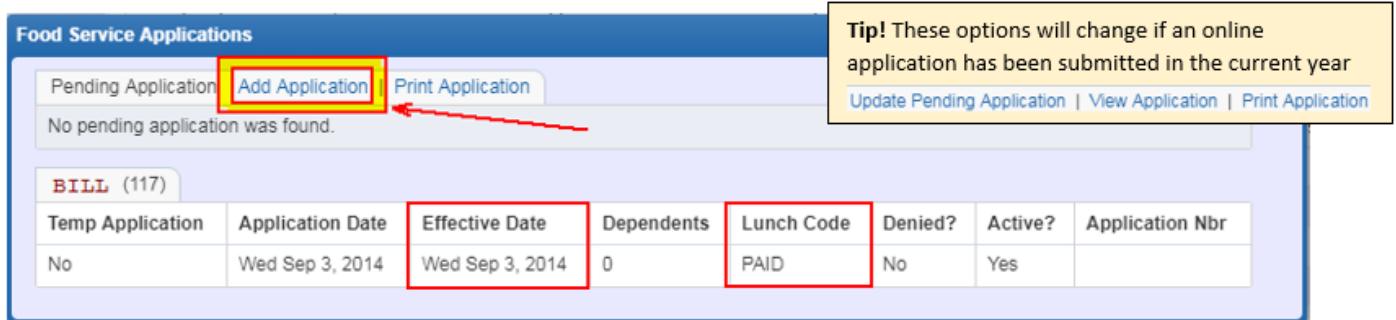
- 1) From the District webpage <https://www.auburn.wednet.edu>, click **Family Access** to log into Skyward Family Access
 - a) Use your parent/guardian (not student) credentials to log in (if you do not have your login or password contact office staff at your child's school to get this information)



- 2) If you have more than one child in the district, click the **drop-down triangle** to select one child's name.
- 3) Click the **Food Service** tab.
- 4) Click **Applications**.



- 5) If your child (or children) has not been approved for meals for the current school year, you will access the application by clicking **Add Application**.



- a) Review the Effective Date
 - i) Note: If your child has been approved for meals for the 2020-21 school year, you will see an effective date after Aug 1, 2020

- b) The Lunch Code displays the current lunch status as of the Effective Date shown
- i) FREE - no charge
 - ii) REDUCED * – 0.40 cents for lunch, no charge for breakfast (K-3 no charge for lunch or breakfast)
 - iii) PAID – student pays regular price for school meals

* During the 2020-21 school year, students who qualify for reduced-price meals will receive both breakfast and lunch at no charge. The reduced-price co-payment will be covered by the Auburn School District.

Fill out the Online Household Application for Free and Reduced-Price Meals

- 6) Before filling out the Application, you will need to acknowledge the following:
- a) Letter to Households, Federal Income Chart, Privacy Act Statement, Non-discrimination Statement
 - i) Please read each section carefully and check to acknowledge where applicable

Select Language ▼

Household Application for Free and Reduced-Price Meals

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➔ Letter to Households
Federal Income Chart
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Non-discrimination Statement
Application
• Step 1: Student Names
• Step 2: Benefits
• Step 3: Gross Income
• Step 4: Household Members
• Step 5: Signature
• Step 6: Ethnicity and Race
• Step 7: Other Benefits
Review and Submit

Letter to Households. Please select the option below after reviewing all information.

I have read the Letter to Households and would like to continue the application

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3rd grade. All other students (preschool and 4th - 12th grades) will be charged the rate shown below.

Grade Level	REGULAR			REDUCED-PRICE			
	Breakfast	Lunch	Snack	Breakfast	Lunch		
					K-3	All Other Students	Snack
K-5	\$1.50	\$3.00	\$0.00	\$0.00	\$0.00	\$0.40	\$0.00
6-12	\$1.50	\$3.25	\$0.00	\$0.00	\$0.00	\$0.40	\$0.00
Other	\$1.50	\$3.00	\$0.00	\$0.00	\$0.00	\$0.40	\$0.00

WHO SHOULD FILL OUT AN APPLICATION?
Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

If completing a non-electronic version, turn in the application to your Child's School or ASD Child Nutrition Svcs, 1302 4th St SW, Auburn WA 98001. Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

7) Step 1 – Student Names

- a) Fill out the information for all students living with you that are attending school within Auburn School District
 - i) Note: If you are only applying for foster children, after finishing Step 1, click 'Next' twice to go on to Step 4. If you are applying for both foster and non-foster children click 'Next' to continue to Step 2.

8) Step 2 – Benefits

- a) Check one benefit type if anyone in your household participates in any of the following programs:
 - i) Basic Food (SNAP) – Supplemental Nutrition Assistance Program
 - ii) TANF – Temporary Assistance for Needy Families
 - iii) FDPIR – Food Distribution Program on Indian Reservations
- b) If a selection is made, write the case/client number for the reported benefit in the case number box.. If you do not know your case/client number, contact the agency that issues your benefits. Do not substitute any other number in place of your valid case/client number, and do not enter a word in the case number box.

2. Benefits. If any Household Members (including yourself) currently participate in c

Basic Food TANF FDPIR Case Number:

3. Gross Income. List the names of all other household members - Enter income (ir

9) Step 3 – Gross Income

- a) List **all other** household members that are supported by your household's income
 - i) Include all income for each person listed in Step 3
 - ii) **Do not** include students you have already listed in Step 1
 - iii) Income reported should be **before taxes** are taken out (not take-home pay)

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3. Gross Income. List the names of all other household members - Enter income (in whole dollars) and how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case number is listed in step 2, skip step 3.

Add More Names to Application

Names of ALL other household members (do not include students listed in Section 1)	Foster	Earnings from Work (before any deductions)	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
(Example) Jane A. Smith	<input type="checkbox"/>	\$200 W	\$150 B	\$100 M	\$50 M
Mike W. Miller	<input type="checkbox"/>	\$2,478 M	\$0	\$0	\$0
Rhonda Miller	<input type="checkbox"/>	\$188 W	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0
	<input type="checkbox"/>	\$0	\$0	\$0	\$0

Application

- Step 1: Student Names
- Step 2: Benefits
- ➔ **Step 3:** Gross Income
- Step 4: Household Members
- Step 5: Signature
- Step 6: Ethnicity and Race
- Step 7: Other Benefits

Review and Submit

10) Step 4 – Total Household Members

- a) Total household members must equal the number of people listed on the application in **both** Step 1 and Step 3
- b) Enter the **last 4 digits** of the primary wage earner's social security number

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4. Total Household Members. (Include all people living in your household)
Total listed must equal number of household members listed on application.

Total Household Members (include all people living in your household):

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

Application

- Step 1: Student Names
- Step 2: Benefits
- Step 3: Gross Income
- ➔ **Step 4:** Household Members
- Step 5: Signature

11) Step 5 – Contact Information and Signature

- a) Enter your name and contact information- must be an adult living in the household. Choose **Click to Sign** hyperlink to read the Electronic Signature Agreement. To activate the electronic signature click 'I Agree' in the pop up window.

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5. Contact Information & Signature.

I certify (promise) 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 federal funds and that school officials may verify (check) the information. 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.

Mike W. Miller	1235 N. Street	mmiller@email.com
* Printed Name of Adult Household Member	Mailing Address	E-mail Address
* Adult Household Member Signature Click to Sign	Auburn, Wa 98002 (555) 129-4567 Ext: []	Date
	City, State & Zip Code Daytime Phone	

Application

- Step 1: Student Names
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- ➔ **Step 5:** Signature
- Step 6: Ethnicity and Race
- Step 7: Other Benefits

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12) Step 6 – Ethnicity and Race

- a) Providing this information is optional.
- b) Responding, or not responding, to this step does not affect your children's eligibility for free or reduced price meals.

13) Step 7 – Other Benefits

- a) By completing this step, you are allowing Auburn School District Child Nutrition Services Department to release/share the school-meal eligibility of your student(s) to other district programs such as:
 - Technology
 - ASB
 - Course
 - Test Fee
 - Trip Fee
- b) You may be able to receive a discount on these programs in addition to receiving free or reduced-price school meals
- c) Check the programs and **Click to Sign** to enter your electronic application. The name entered in the Print Name field must match a member of the household that is included in the application

Household Application for Free and Reduced-Price Meals Select Language ▼

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- ➔ **Step 7: Other Benefits**

7. Other Benefits. Please check the box in front of the programs that you wish to share your child's free or reduced price meal status with in order to qualify for a reduction in fees.

Tech/ASB/Course/Test/Trip fee Select All Unselect All

By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.
Signature of Parent/Guardian: <Signed Electronically> Remove Date: 07/31/2018
Print Name: Mike W. Miller

For more information, you may call CNS at 253-931-4972 *Tech=Chromebook Annual Maintenance, ASB=Athletic/Activity Fees.

Review and Submit

14) Review and Submit

- a) The final step gives you the opportunity to review and print the application
- b) Click **Submit Application** to complete the process and submit your application to Child Nutrition Services. Once submitted, your application will go into a Pending Status, Child Nutrition will process the application within 10 days of submission.

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- ➔ **Review and Submit**

Submit Application ! NOTE: The application has not yet been submitted. This application will not be considered until the **Submit Application** button is clicked.

Please review the completed application and click the button to submit the application.

1. Student Names. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by checking the appropriate box. Include any personal income received by the student and how often it is received.
✓ Check here if you received meal benefits last year.

Student's Last Name	Student's First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	How Often?
Miller	Ron	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/15/2008	Lakeview Elementary	05		
Miller	Bill	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06/07/2003	Auburn High School	08		
			<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"/>					

Basic Food TANF FDIPIR Case Number: _____

3. Gross Income. List the names of all other household members - Enter income (in whole dollars) and how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case number is listed in step 2, skip step 3.

Names of ALL other household members (do not include students listed in Section 1)	Foster	Earnings from Work (before any deductions)	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SSI)	Any Other Income Not Already Listed
Mike W. Miller	<input type="checkbox"/>	32,000 M			
Rhonda Miller	<input type="checkbox"/>	188 W			
	<input type="checkbox"/>				