

Elegibilidad para acceder al beneficio de comidas escolares para el año escolar 2020-2021

Cada año se debe renovar la elegibilidad para acceder al beneficio de las comidas. Si desea que su hijo reciba comidas gratuitas o con precio reducido, debe presentar una solicitud (a menos que ya haya recibido una carta de aprobación de los Servicios de Nutrición Infantil para el año escolar 2020-2021). Si presenta la solicitud este año escolar y califica para acceder al beneficio de comidas escolares gratuitas o con precio reducido, es posible que también pueda recibir un descuento en otros programas. Solo el padre/la madre/el tutor del hogar principal (la residencia primaria del estudiante) pueden presentar la solicitud para el beneficio de comidas. *Complete solo una solicitud por cada grupo familiar.*

Cómo solicitar en línea el acceso al beneficio de comidas gratuitas o con precio reducido

- Desde la página web del distrito, <https://www.auburn.wednet.edu>, haga clic en "Acceso familiar" para iniciar sesión en el acceso familiar de Skyward.
 - Use sus credenciales como padre/madre/tutor (no las del estudiante) para iniciar sesión (si no tiene el nombre de usuario o contraseña, comuníquese con el personal de la oficina de la escuela de su hijo para obtener esta información).



- Si tiene más de un hijo en el distrito, haga clic en el triángulo desplegable para seleccionar un nombre.
- Haga clic en la pestaña **Servicio de comida**.
- Haga clic en **Solicitudes**.

Tip! Use Google to translate the language displayed

MIKE MILLER My Account Email History Exit

Select Language

2

3

4

Applications

RON: \$13.25

RON: Meal Statement |

Weekly Purchases For: Thu Jul 26, 2018

Previous Week Next Week

RON: (ALPAC ELEMENTARY SCHOOL)

Week Total: \$0.00

Key Pad Number:

- Si a su hijo (o hijos) no se le ha aprobado el acceso al beneficio de comidas para el año escolar actual, ingresará a la solicitud al hacer clic en **Agregar solicitud**.

Food Service Applications

Pending Application Add Application Print Application

No pending application was found.

Tip! These options will change if an online application has been submitted in the current year

Update Pending Application | View Application | Print Application

BILL (117)

| Temp Application | Application Date | Effective Date | Dependents | Lunch Code | Denied? | Active? | Application Nbr |
|------------------|------------------|-----------------|------------|------------|---------|---------|-----------------|
| No | Wed Sep 3, 2014 | Wed Sep 3, 2014 | 0 | PAID | No | Yes | |

- a) Revise la fecha de entrada en vigencia
 - i) Nota: Si a su hijo se le ha aprobado el acceso al beneficio de comidas para el año escolar 2020-2021, verá una fecha de entrada en vigencia después del 1 de agosto de 2020.
- b) El código de almuerzo muestra el estado actual del almuerzo a partir de la fecha de entrada en vigencia que se muestra.
 - i) GRATUITO: sin cargo
 - ii) CON PRECIO REDUCIDO *: 0,40 centavos para el almuerzo, desayuno sin cargo (desde jardín de infantes hasta 3.º grado: almuerzo o desayuno sin cargo)
 - iii) PAGO: el estudiante paga el precio regular de las comidas escolares

* Durante el año escolar 2020-2021, los estudiantes que califican para el acceso al beneficio de comidas con precio reducido recibirán tanto el desayuno como el almuerzo sin cargo. El Auburn School District cubrirá el copago de las comidas con precio reducido.

Complete la solicitud para el grupo familiar en línea para acceder al beneficio de comidas gratuitas o con precio reducido

- 6) Antes de completar la solicitud, deberá confirmar lo siguiente:
 - a) Carta a los grupos familiares, tabla de ingresos federales, declaración de la ley de privacidad, declaración de no discriminación.
 - i) Lea atentamente cada sección y marque para confirmar lo que corresponda

Select Language ▼

Household Application for Free and Reduced-Price Meals

Steps ←

Next Print Back

Household Application for Free and Reduced-Price Meals

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 | | Snack |
| | | | | | K-3 | All Other Students | |
| 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) Paso 1 – Nombres del estudiante

- a) Complete la información de todos los estudiantes que viven con usted que asisten a la escuela dentro del Distrito Escolar de Auburn
 - i) Nota: Si solo está solicitando hijos adoptivos, después de finalizar el Paso 1, haga clic en 'Siguiente' dos veces para continuar con el Paso 4. Si está solicitando tanto para niños adoptivos como no adoptivos, haga clic en 'Siguiente' para continuar con el Paso 2.

8) Paso 2 – Benefits

- a) Marque un tipo de beneficio si alguien en su grupo familiar participa de alguno de los siguientes programas:
 - i) Alimentos básicos: Programa Asistencial de Nutrición Suplementaria (Supplemental Nutrition Assistance Program, SNAP)

- ii) Programa de Asistencia Temporal a las Familias Necesitadas (Temporary Assistance for Needy Families, TANF)
 - iii) Programa de Distribución de Alimentos en Reservas Indígenas (Food Distribution Program on Indian Reservations, FDIPIR)
- b) Si selecciona una opción, escriba el número de caso/cliente para el beneficio informado en el cuadro del número de caso. Si no conoce su número de caso/cliente, comuníquese con la agencia que emite los beneficios. No sustituya ningún otro número en lugar del número de caso/cliente válido y no ingrese palabras en el cuadro del número de caso.

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

Basic Food TANF FDIPIR Case Number:

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

9) Paso 3 – Ingresos brutos

- a) Enumere **el resto de los miembros del grupo familiar** que estén mantenidos por los ingresos del grupo familiar.
- i) Incluya todos los ingresos de cada persona enumerada en el paso 3
 - ii) **No** incluya los estudiantes que ya haya enumerado en el paso 1
 - iii) Los ingresos declarados deben ser **sin la deducción de impuestos** (no el salario neto)

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

Steps: Household Application for Free and Reduced-Price Meals Previous Next Print Back

Letter to Households
Federal Income Chart
Privacy Act Statement
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

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 |

10) Paso 4 – Cantidad total de miembros del grupo familiar

- a) El total de los miembros del grupo familiar debe ser igual al número de personas que figuran en la solicitud, **tanto** en el paso 1 como en el paso 3
- b) Ingrese los **últimos 4 dígitos** del número de seguro social del asalariado principal

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

Steps: Household Application for Free and Reduced-Price Meals Previous Next Print Back

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

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

11) Paso 5 – Información de contacto y firma

- a) Ingrese su nombre e información de contacto (debe ser de un adulto que viva en el hogar). Elija el hipervínculo **Clic para firmar** para leer el Acuerdo de firma electrónica. Para activar la firma electrónica, haga clic en “Estoy de acuerdo” en la ventana emergente.

| Household Application for Free and Reduced-Price Meals | | Select Language | | | | | | | | | | | | | | | |
|--|---|---|----------------|----------------|-------------------|--|-----------------|----------------|--|--------------------------------------|--|------------------------------------|------------------------|---------------|----------------------|--|------|
| Steps | Household Application for Free and Reduced-Price Meals | Previous | Next | | | | | | | | | | | | | | |
| Letter to Households | 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. | Print | Back | | | | | | | | | | | | | | |
| Federal Income Chart | | <table border="1"> <tr> <td>Mike W. Miller</td> <td>1235 N. Street</td> <td>mmiller@email.com</td> </tr> <tr> <td>* Printed Name of Adult Household Member</td> <td>Mailing Address</td> <td>E-mail Address</td> </tr> <tr> <td></td> <td>Auburn, Wa 98002 (555) 129-4567 Ext:</td> <td></td> </tr> <tr> <td>* Adult Household Member Signature</td> <td>City, State & Zip Code</td> <td>Daytime Phone</td> </tr> <tr> <td>Click to Sign</td> <td></td> <td>Date</td> </tr> </table> | Mike W. Miller | 1235 N. Street | mmiller@email.com | * Printed Name of Adult Household Member | Mailing Address | E-mail Address | | Auburn, Wa 98002 (555) 129-4567 Ext: | | * Adult Household Member Signature | City, State & Zip Code | Daytime Phone | Click to Sign | | Date |
| Mike W. Miller | 1235 N. Street | mmiller@email.com | | | | | | | | | | | | | | | |
| * Printed Name of Adult Household Member | Mailing Address | E-mail Address | | | | | | | | | | | | | | | |
| | Auburn, Wa 98002 (555) 129-4567 Ext: | | | | | | | | | | | | | | | | |
| * Adult Household Member Signature | City, State & Zip Code | Daytime Phone | | | | | | | | | | | | | | | |
| Click to Sign | | Date | | | | | | | | | | | | | | | |
| Privacy Act Statement | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | |

12) Paso 6 – Etnia y raza

- Proporcionar esta información es opcional.
- Completar esta sección es opcional y no afecta la elegibilidad de sus hijos para acceder al beneficio de comidas gratuitas o con precio reducido.

13) Paso 7 – Otros beneficios

- Al completar este paso, usted permite que el Departamento de Servicios de Nutrición Infantil del Auburn School District divulgue/comparta la elegibilidad para el acceso al beneficio de comidas escolares de sus estudiantes a otros programas del distrito tales como:
 - Tecnología
 - ASB
 - Precio del curso
 - Precio del examen
 - Precio del viaje
- Es posible que pueda recibir un descuento en estos programas, además de acceder al beneficio de comidas escolares gratuitas o con precio reducido
- Marque el programa y haga clic en **Clic para firmar** para ingresar su solicitud electrónica. El nombre ingresado en el campo "Ingresar nombre" debe coincidir con un miembro del grupo familiar incluido en la solicitud.

| Household Application for Free and Reduced-Price Meals | | Select Language | | | | |
|---|---|--|---|------------|---|--------------|
| Steps | Household Application for Free and Reduced-Price Meals | Previous | Next | | | |
| Letter to Households | 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. | Print | Back | | | |
| Federal Income Chart | | <table border="1"> <tr> <td>Name of program specific to your school</td> <td>Select All</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tech/ASB/Course/Test/Trip fee</td> <td>Unselect All</td> </tr> </table> <p>By signing below, I allow the information contained on this application to be shared with the other program(s) I have indicated.</p> <p>Signature of Parent/Guardian: <Signed Electronically> Remove Date: 07/31/2018</p> <p>Print Name: Mike W. Miller</p> <p>For more information, you may call CNS at 253-931-4972 **Tech=Chromebook Annual Maintenance, ASB=Athletic/Activity Fees.</p> | Name of program specific to your school | Select All | <input checked="" type="checkbox"/> Tech/ASB/Course/Test/Trip fee | Unselect All |
| Name of program specific to your school | Select All | | | | | |
| <input checked="" type="checkbox"/> Tech/ASB/Course/Test/Trip fee | Unselect All | | | | | |
| Privacy Act Statement | | | | | | |
| 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 | | | | | | |

14) Revisar y enviar

- El último paso le brinda la oportunidad de revisar e imprimir la solicitud
- Haga clic en **Enviar solicitud** para completar el proceso y enviar su solicitud al Departamento de Servicios de Nutrición Infantil. Una vez enviada, su solicitud pasará a estar pendiente. El Departamento de Servicios de Nutrición Infantil procesa las solicitudes completadas en los 10 días posteriores a su presentación.

- Letter to Households
- Federal Income Chart
- Privacy Act Statement
- Non-discrimination Statement

Household Application for Free and Reduced-Price 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.

- 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**

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"/> | | | | |