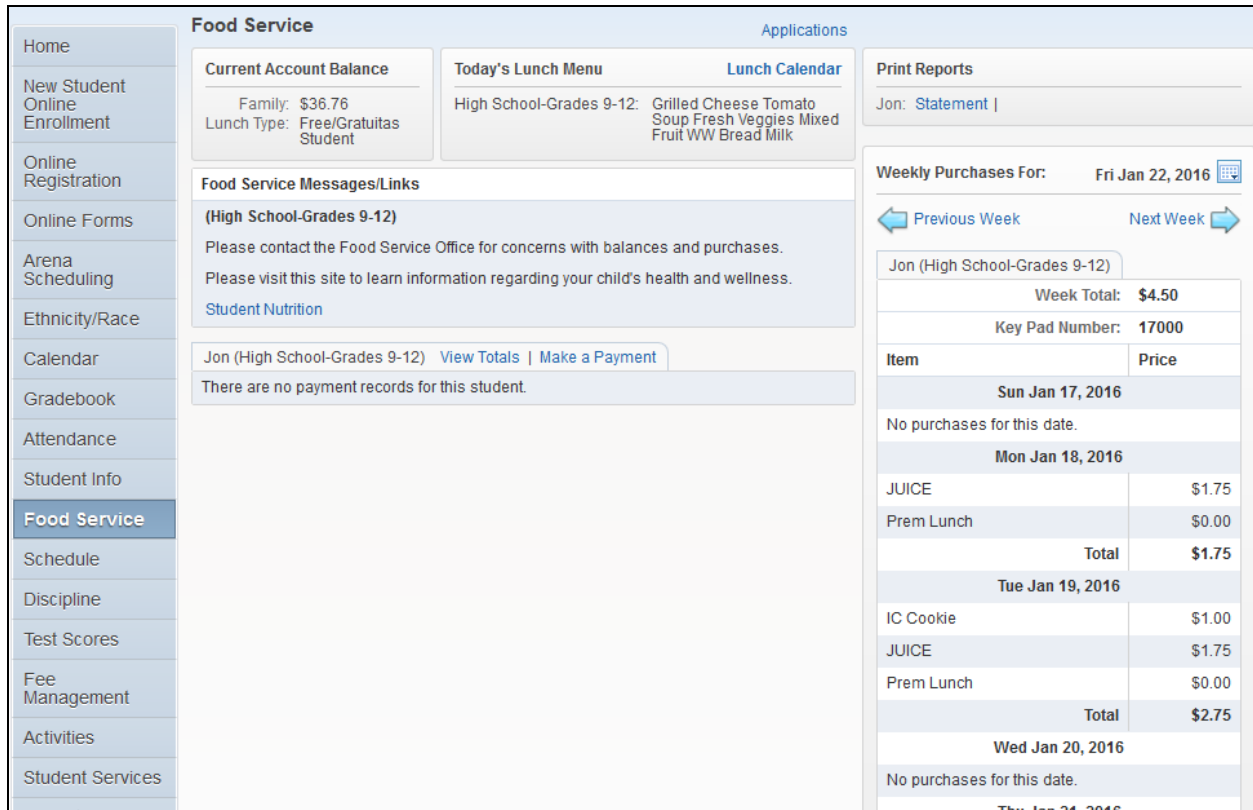# Food Service

This area allows you to view your student's Food Service account balance and daily purchase information. You may also be able to view menu information, as well as make online payments, and enter an online application for free or reduced meals.

Applications

- Current Account Balances – Displays the current balance for your student's Food Service account as well as their Lunch Type, which indicates if they pay full price, pay a reduced price, or are free and are not changed at all.
- Today's Lunch Menu – Displays today's lunch menu and provides a calendar to click on to view the lunch menus for the month.
- Food Service Messages/Links – Displays district specific information and links.
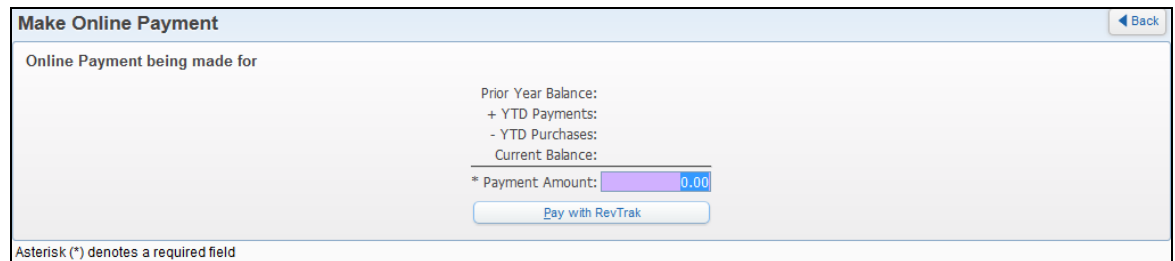
- Payment Information and Making an Online Payment – Displays Food Service payment records for your student, which are listed by date, including the amount and/or check number.
  - View Totals – Provides a summary of your student's account, including Prior Year Balance, Year to Date Payments, and Year to Date Purchases.
  - Making an Online Payment – Allows you to make an online payment. After entering the payment amount, you will be redirected to your districts 3rd party online payment vendor's website to complete the payment process.

Make Online Payment	◀ Back
Online Payment being made for	
	Prior Year Balance:
	+ YTD Payments:
	- YTD Purchases:
	Current Balance:
	* Payment Amount: 0.00
	Pay with RevTrak
Asterisk (*) denotes a required field	

Print Reports\Statement – Allows you to print reports of fee information based on templates that the district has provided.

Weekly Purchases – Displays the food items your student purchased for the current week. To view the previous or the next week, you can click the buttons provided. In addition, you can change the week that displays by clicking the calendar and selecting the week.

Applications

This link allows you to submit an online application for free or reduced meals to the district Food Service department.

1. Click the Applications link.
2. Click Add Application.
3. A letter explaining the application process displays; click Next after reading the letter.
4. 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.
5. Review the Federal Income Chart and select the box if you do not qualify for benefits or do not wish to continue. Click Next.
6. Read the Privacy Act Statement and any other statements, such as the Non-discrimination Statement; click Next.

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

Free and Reduced Price School Meals Family Application

Steps	Free and Reduced Price School Meals Family Application	Previous	Next	Print	Back

PART 1. ALL HOUSEHOLD MEMBERS

☐ Add More Names to Application

Steps:
- Letter to Parents
- Instructions for Applying
- Federal Income Chart
- Privacy Act Statement
- Non-discrimination Statement
- **Application**
  - ➡ **Part 1:** Household Names
  - • **Part 2:** Benefits
  - • **Part 3:** Gross Income
  - • **Part 4:** Signature
  - • **Part 5:**

Names of All People Living in Your Household (First, Middle Initial, Last)	School the child attends, or indicate 'NA' if household member is not in school	Foster	Homeless	Migrant	Runaway	Head Start	Check if NO Income
(Example) Jane A. Smith	NA	☐	☐	☐	☐	☐	☐
Argentina Abastascr		☐	☐	☐	☐	☐	☐
Jon Abbotscr	High School	☐	☐	☐	☐	☐	☑

Column header note: Place a check in the box below if the child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, migrant, runaway, or Head Start child, skip to Part 4 to sign this form.

8. A validation message will appear, asking you to verify that the household members listed do not have income.
9. If appropriate, enter the benefit information, and click Next.

PART 2. BENEFITS
If **any** member of your household receives **FoodShare, FDPIR or W-2 Cash Benefits,** provide the name of the household member, the program name, and case number (**not a Quest Card number**) for the person who receives benefits and skip to **Part 4.** If no one receives these benefits, go to **Part 3**

Name: _____   Program Name: _____
Case Number: _____

10. 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 INCOME (before deductions). List all income on the same line as the person who receives it. Select the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

☐ Add More Names to Application

1. Full 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, SSI, VA Benefits	All Other Income
(Example) Jane A. Smith	$199.99 W	$149.99 B	$99.99 M	$50.00 M
Argentina Abastascr	$1,125.00 B ▾	$0.00 ▾	$0.00 ▾	$0.00 ▾

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

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

I Agree

Back

12. As needed, enter the other information and click Next.

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If 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 SSN' box. See Privacy Act Statement**

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal and State funds based on the information I give; school officials may verify the information; and if I purposely give false information, my child(ren) may lose meal benefits and I may be prosecuted. I understand my child's eligibility information may be shared as allowed by law.

* Sign here: <Signed Electronically>   Remove   * Print Name: Argentina Abastascr

Date: 01/26/2016   Phone Number: (555) 255-7888 Ext:

Address: Cell Phone Number: Ext:

City: State: Zip Code:

* Last Four Digits of SSN: ***-**- 4789 OR ☐ I do not have a SSN

Email Address:

By providing your email address, you may be notified by email of your eligibility for free and reduced price school meals.

13. 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)

☐ 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

14. 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.

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

Food Service Applications

Pending Application | Update Pending Application | View Application | Print Application

Application Date: Tue Jan 26, 2016 (Application Waiting For Approval)

Notice: Pending Application will be marked as 'Not Submitted' if edited and will need to be resubmitted for review.

Household Members

Names of Household Members	School Name	Foster Child?	No Income?
Argentina Abastascr		No	No
Jon Abbotscr	High School	No	Yes

Income Information

Family Member Name	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	Other Income
Argentina Abastascr	29,250.00	0.00	0.00	0.00

Total Annual Income: 29,250.00

Jon (400)

Temp Application	Application Date	Effective Date	Dependents	Lunch Code	Denied?	Active?	Application Nbr
No	Mon Jun 2, 2014	Mon Jun 2, 2014	5	Free/Gratuitas	No	Yes	
No	Fri Jun 28, 2013	Thu Sep 26, 2013	0	Free/Gratuitas	Yes	Yes	
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Normal	No	Yes	