



February 2, 2017

Dear Lakewood Families:

Lakewood has an amazing opportunity to partner with **Hunger Task Force** and **The Wisconsin Department of Public Instruction** to offer a **FREE** breakfast, lunch and snack program for **ALL** Lakewood students. Offering these meals is so important because:

- Hunger creates a major barrier to learning.
- Schools offering free breakfast to **ALL** students report decreased discipline referrals, visits to the school nurse, tardiness, and increases in focus and academic achievement.
- Hungry students have difficulty concentrating, lack energy, show lower academic performance and experience more disciplinary problems.
- Students that eat breakfast score **17.5%** higher on math test scores and attend **1.5** more school days per year!

But, to be eligible for this **FREE** program, we need your help!

In order to qualify for this program, Lakewood must have 62.5% of students recognized as eligible to receive free or reduced-price lunch. At this time our qualification rate is 55%. We believe there are families who qualify, but have not yet submitted applications.

Please take a moment to complete a confidential application to determine eligibility. **Submitting an application does not require families to utilize the existing food service program at Lakewood, but your application submission will benefit ALL Lakewood students.**

For your convenience, food service applications can be completed and submitted electronically using Skyward Family Access. Instructions have been included along with this communication in case you need assistance. If you would prefer to complete your application manually and return it to school, please use the link below to access the application.

http://www.twinlakes.k12.wi.us/UserFiles/Servers/Server_128722/File/fr-application.pdf

Thank you for helping Lakewood take advantage of this **AMAZING** opportunity to support students in being the best they can be!

If you have questions regarding the application, please contact Mrs. Sladek at 262-877-2148.

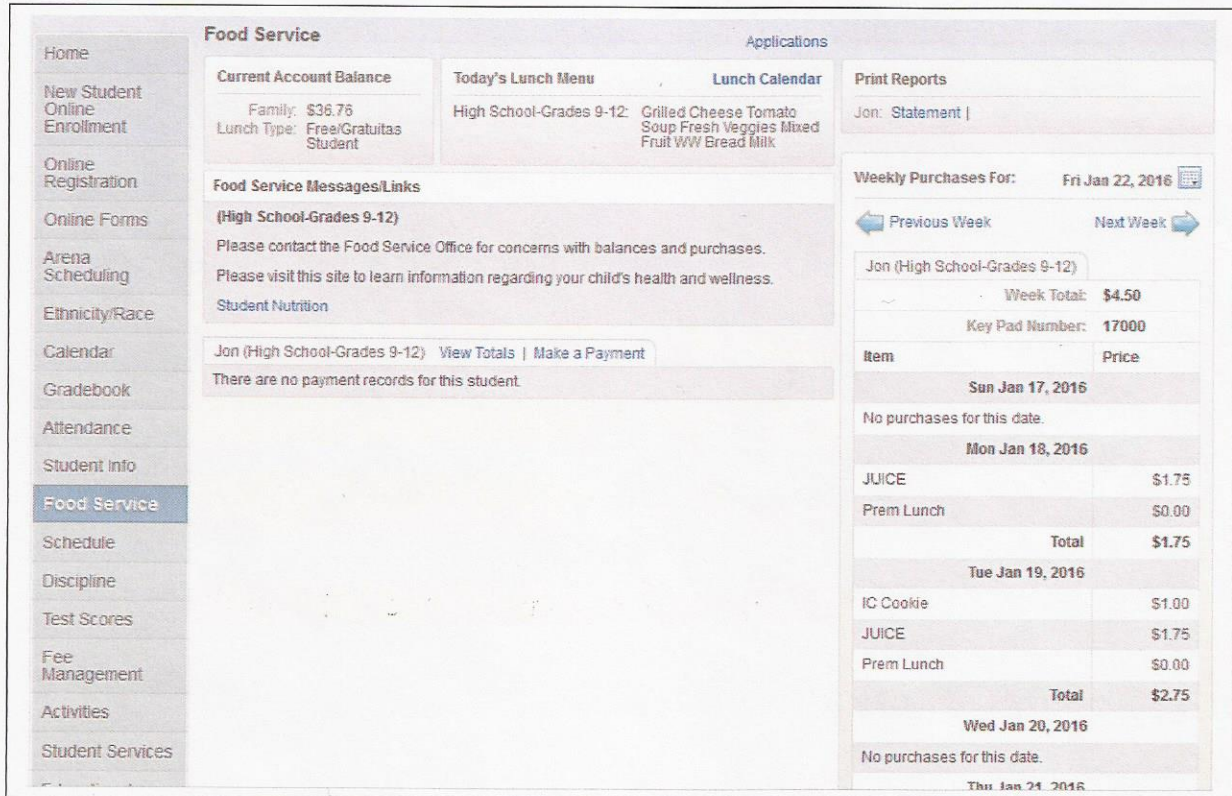
Sincerely,

Lakewood School Administration

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

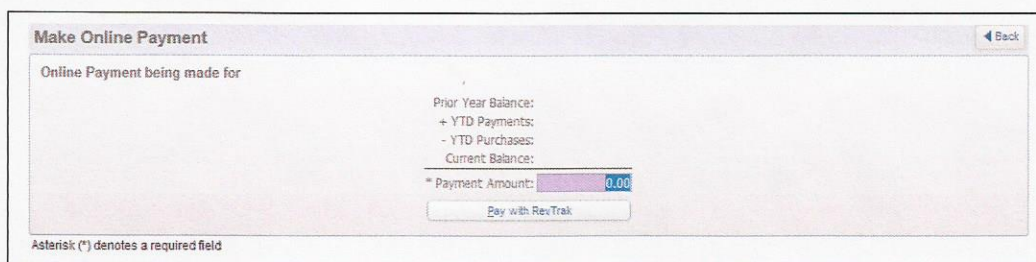


The screenshot displays the 'Food Service' section of the Skyward Family Access interface. It includes a navigation menu on the left, a main content area with account details and messages, and a 'Weekly Purchases' table on the right.

Item	Price
Sun Jan 17, 2016	
No purchases for this date.	
Mon Jan 18, 2016	
JUICE	\$1.75
Prem Lunch	\$0.00
Total	\$1.75
Tue Jan 19, 2016	
IC Cookie	\$1.00
JUICE	\$1.75
Prem Lunch	\$0.00
Total	\$2.75
Wed Jan 20, 2016	
No purchases for this date.	
Thu Jan 21, 2016	

- 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.



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

Letter to Parents

Instructions for Applying Add More Names to Application

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	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.					Check if NO Income
		Foster	Homeless	Migrant	Runaway	Head Start	
(Example) Jane A. Smith	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Argentina Abastascr		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jon Abbottscr	High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 <input type="text"/> W <input type="text"/>	\$149.99 <input type="text"/> B <input type="text"/>	\$99.99 <input type="text"/> M <input type="text"/>	\$50.00 <input type="text"/> M <input type="text"/>
Argentina Abastascr	\$1,125.00 <input type="text"/> B <input type="text"/>	\$0.00 <input type="text"/>	\$0.00 <input type="text"/>	\$0.00 <input type="text"/>

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

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

Address: _____

City: _____

Phone Number: (555) 255-7888 Ext: _____

Cell Phone Number: _____ Ext: _____

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

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 submitted 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/Gratis	No	Yes			
No	Fri Jun 28, 2013	Thu Sep 26, 2013	0	Free/Gratis	Yes	Yes			
No	Mon Jan 1, 1900	Mon Jan 1, 1900	0	Normal	No	Yes			