

Completing Free/Reduced Application via Family Access Skyward Account

 Log into Family Access from any Brandon Valley building website. If you do not have a Family Access account, OR do not know your login information, contact your student's building secretary or the Brandon Valley Administration Center. Contact information for all building included below.

Brandon Valley Administration Center	582-2049
Brandon Elementary School	582-6315
Robert Bennis Elementary School	582-8010
Fred Assam Elementary School	582-1500
Inspiration Elementary School	582-8590
Brandon Valley Intermediate School	582-6035
Brandon Valley Middle School	582-3214
Brandon Valley High School	582-3211

Link to Family Access Skyward:

https://fa.brandonvalley.k12.sd.us/scripts/wsisa.dll/WService=wsEAplus/fwemnu01.w

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2. If you have more than one student in your account, select <u>only one</u>. You must select a student to reach the application. Applications will not be available if your student drop down says 'ALL STUDENTS'.

Important Note: Although applications are completed under a specific student, **only ONE application needs** to be completed PER FAMILY.



3. Select the Food Service tab along the left side of the screen.



4. Once in Food Service tab, select 'Applications', then 'Add Application'. Do not select 'Print Application'. Application should be completed online, paper applications will only be accepted if obtained directly from CNS department offices. Applications printed from Skyward will not be accepted.

(lama)	Food Ser	rvice			Applicat	ions 🕠	Veekly Durc	hases For Thu	Apr 21 2022			
nome	Current A	Account Balance	Today's Lunch	Menu	Lunch Calen	dar	ioonij i uro					
New Studen Online	t	ily: \$0.00	No lunch menu o	letails are availat	ole for the current da	te.	Previous	s Week	Next Week			
Enrollment	Lunch Type: NO					WELL (Bran	idon Elementary Scho	ol)				
Ethnicity/Ra	ce						Set Purcha	eekly Purchases For: Thu Apr 21, 20 Previous Week Next We WELL (Brandon Elementary School) Set Purchase Limit Week Total: \$0.00 Key Pad Number: 330431 tem Price Sun Apr 17, 2022 No purchases for this date. Mon Apr 18, 2022 No purchases for this date. Mon Apr 18, 2022 No purchases for this date.				
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OTAGEDOOK							Item		Price			
Attendance							Sun Apr 17, 2022					
Student Info	R .						No purchases for this date.					
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	od Service Application	ons						Tuo Apr 40, 2022	×			
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	No	Fri Jul 30, 2021	Mon Jan 1, 1900	0	NORMAL	No	Yes				

5. After selecting 'Add Application', the application will open. Review the Letter to Parents before continuing through the application process. Once it has been reviewed, select 'Next' (upper right-hand corner).

Application for Free and Reduc	d Price Meals - Entity 001 - 05.22.02.00.06 - Google Chrome — 🗗 🗙
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Application for Free an	d Reduced Price Meals
Steps	Application for Free and Reduced Price Meals 2 Entry Epint Back
Letter to Parents	Letter to Parents Letter to Pa
Instructions for Applying	
Federal Income Chart	
Privacy Act Statement	
Non-discrimination Statement	Dear Parent/Guardian:
Application • Part 1: Child Names • Part 2: Benefits	Children need healthy meals to learn. The Brandon Valley School District offers healthy meals to all enrolled children at no additional cost. USD Aprices relations meals and served to children anrolled in the school (center, Pleaze help us comply with the requirements of the Program by completing the tartical diplacitors for Pre-Reduced-prece Healthy, meals and a set of determine if we can claim meals served to put children at no additional cost. USD Aprices relations and answers to help you with the application process. I who CAM CENT FREE OR REDUCE-PRECE PRECES
Part 3: Child Status Part 4: Gross Income	 An current in moderation technique control and the control and and repersion of provide in recenters. Foster Children back are under the logal reportability of foster care agriculty or contrate eligible for free meals. Children participation of homes, summary, or migrat are eligible for free meals. Children to home the definition of homes, summary, or migrat are eligible for free meals.
Part 5: Signature Part 6:	 Children may receive the or reduced-price meals it your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may quality for free or reduced-price meals it your household income tails at or below the limits on this chart. FFDERAL INCOME CHART Fro School Year 2021-22
Ethnicity and Race	Household
Review and Submit	Size Yearly Monthly Weekky
	1 22,828 1,986 459
_	2 22,427 2,4000 VCV 2 40,457 2345 723
	4 40.025 4.066 043
	5 57.424 4.786 1.105
	6 65,823 5,486 1,266
	7 74,222 6,186 1,428
المجيسا ا	8 82,621 6,886 1,589
Review	Each Additional Person:
	8,399 700 162
	 HOW DO I KNOW IF MY CHILDREN QUALITY AS HOHELESS, MIGRANT, OR RUMAWAY? Do the members your household ack to apperment address? Are you staying together in a shelte, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal bass? Are any children living undy you who have dhosen to have their prior family or household if you builted if you builted if you builted if you built of the members and the set their prior family relocate on a seasonal bass? Are any children living undy you who have dhosen to house hold if you children to your household met the under a family and house a diarrow and house a family and house a diarrow and house a di
	5.1 GET WIC OR MEDICALD. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC or Medicaid may be eligible for free or reduced-price meals. Please send in an application. 7. WILL THE INFORMATION I CIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report. 8. JF I DONT CHALIFY NOW, MAY I APPY LATER? Yes, you may apply a and you have for example. Giffers with a pagent or guardian who becomes unempioyed may become eligible for free and reduced-price meals if the household income droos below the income limit.
	9. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A LIS CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced-price meals. 10. WHAT IF MY INCOME SNOT ALWAYS THE SAME? List the amount that you <u>normally</u> receive. For example, if you normally make 100 cells month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it it, but do not mindle at it you only work overtime meantment. If you are to apply for free or reduced-price meals.
	1.1. WIAT IF SOME HOUSENED IMPRESENT NAME NO INCOME TO REPORT Household numbers may not receive some types of normal to the application or may not receive norme at al. Winewer this happens, plasse write a 0 in the field. However, f any income fields are left empty of blance house and the application or may not receive norme at al. Winewer this happens, plasse write a 0 in the field. However, f any income fields are left empty of blance house at a structure at a struc
	the east date the meal benefits will expire. 13. WE ARE IN THE HILLTARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonueses must be reported as income. If you get any cash value allowances for off-base housing, food or cothing, it must also be included as income. However, if your housing is part of the Military Housing Privatestan Institutes, do not industry or housing allowance (155) approximation and any additional cambat pay recursition and any data cash.
	IS COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to the basic pay because of deployment and it was not neceived before deployment, combat pay is not counted as income. Contact your school for more information. 14. WILL WOUTELL ANYOUTE LISE ABOUT THE INFORMATION ON WF YORM? Ve will use the information on your form to decide if your children should get free or reduced-price mask. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to decide if your children should get free or reduced-price mask. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to decide if your children should get free or reduced-price mask. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to decide if your children should get free or reduced-price mask. We may inform officials associated with other child nutrition, health, and education programs of the information on your form to decide if your children should get free or reduced-price mask.
	15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper and attach it to your application. ISN WY FAMILY REFERS MORE FUEL P ARE THERE FOR THE PROGRAMS WE MIGHT APPLY FOR 2-CONTROL TO A CONTROL FOR ANY A
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6. Thoroughly read the 'Instructions for Applying'. Once instructions have been reviewed, select the box shown to acknowledge instructions. Once complete, select 'Next'.



7. Review the Federal Income Chart. Once completed, select 'Next', or select the box stating 'I do not qualify for benefits or do not wish to complete an application'.

*Selecting the box on this page will delete your application and exit you from the open screen.

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Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement Non-discrimination Statement	Your children may qualify for free or reduced price meals if your h	on an	Acknowledge	L	
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8. Review the 'Privacy Act Statement'. Once completed, select 'Next'.

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Application for Free an	d Reduced Price Meals	
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Letter to Parents	Privacy Act Statement: This explains how we will use the information you give us.	
Leur Strattaling (Redeal Income first Privay Act Stand Privay	The Robud B. Bussel National School Lunch Act repares the information on this application, too do not have to give the information, but if you do not, we cannot approve sour child for free or reduced prior mests. You must robud the last doer does not prove the PDB is defined for your child or when you indicate that the abit backbounded member approve to the the School School Lunch, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audions for program review, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program review, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program review, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program review, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program reviews, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program reviews, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program reviews, and law enforcement officials to help them evaluate, fund, or determine benefits for their programs, audions for program reviews, and law enforcement officials to help them evaluate.	If the Social Security humber of the adult household member who frod Distribution Program on Indian Reservations (FDPR) case rice meak, and for administration and enforcement of the kinch and look into violations of program vide.
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9. Review the 'Non-discrimination Statement'. Once completed, select 'Next'.

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10. Use the table to add children's names. Be thorough in completing this section. All fields are required, complete this section for *all students* within the Brandon Valley School District. Once all student name(s), age(s), school(s), and grade(s) have been entered, select 'Next'.

*Should you need additional lines to add more students, select the box 'Add More Names to Application'. **Note there is a box to check if a student living in your house is a foster child.

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Application • Bit Res	Non-discrimination Statement	New Applicant Previous Applicant					
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	Part 2: Denefits	(Example) Student A. Smith	Schoo	ol Name	04		
• In the form the	Part 3: Child Status	Student A. Test	5 Test E	lementary School	KG		
	Part 4: Gross Income	Student B. Test	10 Test E	lementary School	04		
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11. If you currently receive SNAP, TANF, or FDPIR benefits, please enter your case number. Case number must be current. If you do not receive these benefits, leave the boxes blank and select 'Next'.

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Application for Free	and Reduced Price Meals	
Steps	Application for Free and Reduced Price Meals	Print Back
Letter to Parents Instructions for Applying	Part 2. Households receiving SNAP, TANF, or FDPIR: If any member of your household is NOW receiving SNAP, TANF, and/or FDPIR, list the CASE NUMBER. Fill out Sections 1, 2, and 5. The application MUST have the signature of an adult.	
Federal Income Chart		
Versa Academent Nor-A Academent Ron-derrimination Satement Application Part 2: Benefits Part 2: Cross Brome Signature Part 4: Cross Brome Signature Part 6: Ethnicity and Race Ethnicity and Race	SHAP Case Number: TANF Case Number: TANF Case Number: TopIR Case Number: Complete, if applicable	

12. If the student is homeless, migrant, or runaway, please select the appropriate box. If the student does not fall under these categories, leave the boxes blank and select 'Next'.

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 The next section of this application requires <u>ALL</u> household members <u>AND their income</u> to be listed. Student names from the Part 1, will be copied into this section. Select 'OK' to enter household member names.

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Non-discrimination Statement	A. Full Legal Name		B. Incom	e - list how much y	ou get ea	ch pay day and how	often you gel	t paid ?									
Part 1:	(First Name. Middle Initial. Last Nam	First Name. Middle Initial. Last Name Earnings from Work Bafore Deductions Welfare, Child Support, Alimony Densions, Retirement, Social Security Farm/Other 12 Check if Non Information															
Child Names Part 2:	(Example) Jane A. Smith	\$199.99	W	\$149.99	8	\$99.99	м	\$50.00	Μ								
Denefits Part 2:	Student A. Test	\$0.00	×	\$0.00	v	\$0.00	· ·	\$0.00	~								
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14. Complete the table, adding additional household members. ALL individuals living in the home must be included (this includes all adults, students, and children). *Please note: ALL HOUSEHOLD MEMBERS AND THEIR INCOME MUST BE INCLUDED. **If an individual has no income, you MUST check the box in the last column of the table.

Once all names AND incomes have been entered, select 'Next'. *Should you need additional lines to add more students, select the box 'Add More Names to Application'.

Application for Free a	nd Reduced Price Meals									
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etter to Parents	Part 4. Total Household Income in List everyone in household.	om Last Month - You must	ell us how much	and how often						
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Part 1:	(First Name, Middle Initial, Last N	ame) Earnings from Work B	ofore Deductions	Welfare, Child Suppo	ort, Alimony	Pensions, Retirement,	Social Security	Farm/Other 🕐	No Income	
Part 2:	(Example) Jane A. Smith	\$199.99	W	\$149.99	8	\$99.99	M	\$50.00 M		
Benefits Part 3:	Student A. Test	\$0.00	<u> </u>	\$0.00	~	\$0.00		\$0.00		
Child Status	Student B. Test	\$0.00		\$0.00	×	\$0.00	<u> </u>	\$0.00		
Gross Income	Student C. Test	\$0.00		\$0.00		\$0.00		\$0.00		
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 Part 6: Ethnicity and Race 	Father Test	\$4,000.00	M 🗸	\$0.00	~	\$0.00	~	\$0.00		
eview and Submit	Infant Test	\$0.00		\$0.00		\$0.00		\$0.00		
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15. Complete the last section. The name must be printed as it appears on the household income section (previous step). The last four digits of your social security number are also required (or select 'I do not have a SSN). Address, phone number, and email are optional but highly encouraged. Once information is entered, select 'Click to Sign'.

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Steps Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement Application • Fer 11 times • Part 2: • Denefits • Part 2: • Gross Income • Part 3: • Gross Income • Catter 4: • Gross Income • Gross	Part 5. Signature and Social Security Number (Adult must sign) An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent for member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Number or mark the 'No Social Security Num rent form also must list the last four digits of his or her Social Security Num rent form also must list the last four digits of his or her Social Security Num rent form also must list the last four digits of his or her Social Security Num Rent four also distributed in the information of gives a security Num Rent four also distributed in the information of gives a security Num Rent four also distributed in the information of gives a security and also distributed in the information of gives and also distributed in the information of gives a security and also distributed in the information of gives and also distributed in	Pregous
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16. After selecting 'Click to Sign', you will be prompted to acknowledge the Electronic Signature Agreement. When this pops up, select 'I Agree'. Then select 'Next'.

Application for Free	and Reduced Price Meals		
Steps	Application for Free and Reduced Price Meals	Previous Next Print Back	
Letter to Parents Instructions for Applying Federal Income Chart Privacy Act Statement	Part 5. Signature and Social Security Number (Adult must sign)	Image: Sectoric Signature Agreement - Entity 001 - 05.220.00.66 - Google Chrome — … #	
Non-discrimination Statement Application - Part Numes Part 2: Benefits - Part 2: Benefits - Part 4: Group Jonation - Part 6: - Part 6: - Part 6: - Part 6: - Review and Submit	An adu household member must sign the application. If Part 4 is completed , the a I certify (crossed bat all information on the application to the and that all income is lose meal benefits, and I may be prosecuted. "Sign here:Click to Sign Date:Click to Sign "Address:Click to Sign "Address:Click to Sign "Last Four Click of Sist: "****	Electronic Signature Agreement: Under the Federa Electronic Signature in Global and National Commerce Act, before you may solution information and you must alfimatively age to the following and thereafter on civilitodavy your agreement. Prese take a moment to review and achnowledge your understanding and acceptance of this Agreement. By electronically aging this Food Service Account Application, Ladonoledge recipit of the spliciton program. Surf Speece to the bound by the terms of a conductor of the speecement. By cicking 1 Agree and submitting this agreement via the internet, 1 actionoledge that: "1 Thave read and understood the foregoing Electronic Signature Agreement and that I intend to be there achnowledge and agree that is the speecements. I may enter into, including but on the method thereby. "1 Understand and agree that it is my childpation to immediately advise the school district of any childpaties and agrees that it is the Sectoric Signature advise the school district of any childpaties and agrees that it is the Sectoric Signature advises the school district of any childpaties and agrees that it is work obligation to immediately advise the school district in the event that Fuldbarraw processes that it is my obligation to immediately advise the school district in the event that its school district is the Sectoric Signature and the electronic Signature and the school district is "1 Advises and agrees that it is work the school district in the sectoric by the body district. The school district district is the school district is "1 Schooledge and agrees that it is my obligation to immediately advise the school district is sequence as though they were affined by the person whose name is type to below. 1 3 Schooledge to adagrees that in the event that the relative school district. The school district distribution were applied blow. 1 3 Schooledge to adagrees that in the event that the relative school district distribution were belowed to the school distribution were school district.	To Social Security Number' box. See Privacy Act Statement dificule may verify (check) the information. I understand that if I purposely give false information, my children may

17. Select your Ethnic and Racial Identities. This step is optional. If you choose to enter this information, first select the box marked 'I would like to report this optional information', then complete the bottom section. If you would like to skip this step, select 'Next'.

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Application for Free an	Id Reduced Price Meals	
Steps	Application for Free and Reduced Price Meals	revio <u>Next</u> <u>Print</u> <u>Back</u>
Letter to Parents	Part 6. Participant's Ethnic and Racial Identities (Optional)	
Instructions for Applying		
Federal Income Chart		
Privacy Act Statement		
Non-discrimination Statement Application Child Names Part 1: Child Names Part 2: Benef3: Child Status Part 4: Gross Income Part 5: Signature Part 6: on factors	Kvould like to report this optional information Asian American Indian or Alaska Native Asian American Indian or Alaska Native Rative Hawaiian or Other Pacific Islander	
Review and Submit	complete, if desired	
		1:46 PM

18. Review the completed application and all information on the final screen. If all information is correct, select 'Submit Application'. Applications will not be considered until they are submitted. **Please Note: Selecting 'Submit Application' is the final step in the application process. You MUST select this option for applications to be officially completed.*

Application for Free and Redu	ced Price Meals - Entity 001 - 05.22.02.00.06 -	Google Chro	ome										o ×
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Non-discrimination Statement Application • Part 1:	Part 1. Children's Names To apply for free or reduced price meals, fill			NOTE:	YO	U MUSI	r sul	3MIT					
Application for Free and Reduced Pri Application for Free and Reduced Pri Application for Free and Reduced Pri Instruction Federal Income Chait Privacy Act Statement Non-discrimination Statement Application Child States Child States Child States Bonofits Stops Part 3: Child States Stops States Part 3: Child States Stops States Part 3: Child States Part 5: States Part 6: Part 7: States Part 8: States Part 8: States Part 8: States Part 8: States	Legal Name of Child First Name, Middle Initial, Last Name	Age	School or	Center	Grade	Check if a Foster Child	APPLIC	ΑΤ	ION FO	R IT	ТО		
Child Status	Student A. Test	5	Test Elementary S	chool	KG			EN					
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Part 6:	Student D. Test	1/	lest High School		11								
Ethnicity and Race													
Review and Submit													
	Part 4. Total Household Income from I List everyone in household.	a now often	uch you get	each pay day and how oft	en you g	et paid							
	A. Full Legal Name (First Name, Middle Initial, Last Name) Earnings from Work Before Deductions Welfare, Child Support, Alimony						Pensions, Retirement, Social Security Farm/Other ? Check if No Income				ie		
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19. After submitting, the following message will show. This is confirmation that you have successfully completed and submitted an application. *If you do not see this message, the application was not received.* Select 'OK', to exit the application.



Alimony Pensions, Retirement, Social Security Farm/Other ?

20. NOTE: If at any point you exit the application or need to stop, you can continue the application later by selecting 'Food Service' \rightarrow 'Applications' \rightarrow 'Continue Application'.

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