

Burbank School District 111

Free and Reduced Price Meal Application Link and Instructions.

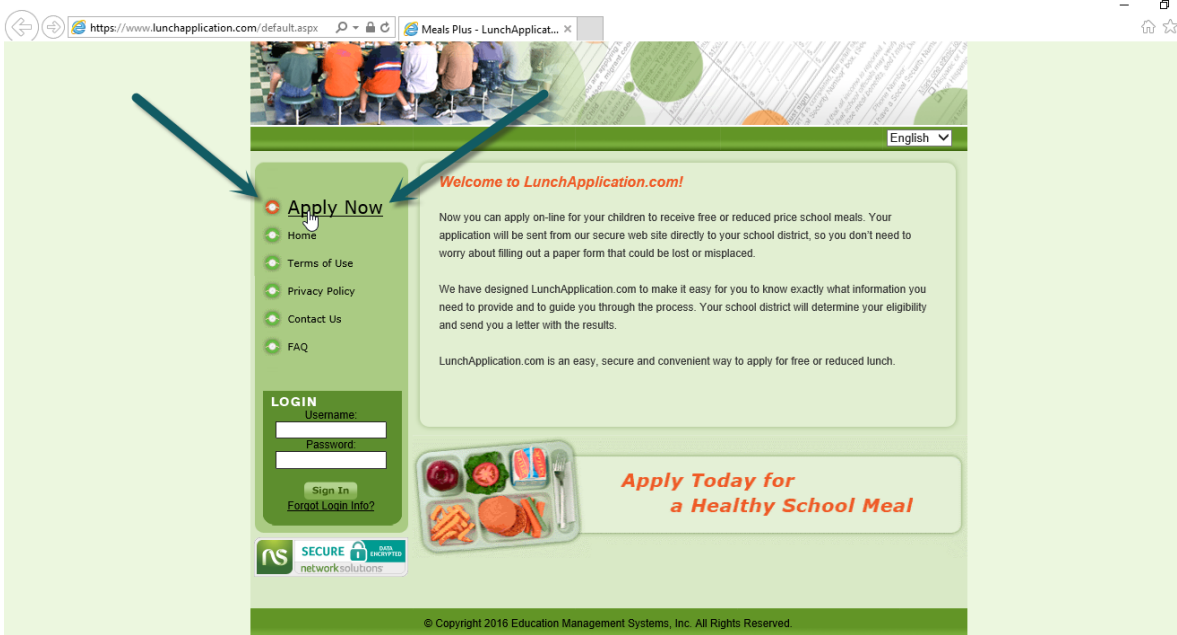


Click the link to start you application.

<https://www.lunchapplication.com/>

Go to the following pages for step by step instructions.

III. Click Apply Now




IV. Check the box next to I agree, then enter the text as shown:

Apply: Free And Reduced Family Application

I have read and I agree by the rules and regulations stated in the [Terms of Use](#) and [Privacy Policy](#) .

I Agree

Your IP Address of will be recorded.



× Type the code from the image.

If an application has already been submitted, please contact your school district before submitting a second application.

Enter the text in the box above, into the box below

VI. Click the dropdown menus, and pick IL for the State and Burbank SD 111 as the District

Select a School District

Select a State:

Select a District:

VII. If you want to receive notifications, enter your information. Otherwise click continue without creating an account

Sign In / Create Account

Signing up for an account is quick and easy. These are some of the benefits

- Electronic notification of application results.
- Ability to view and reprint notification letters.

If you already have an account, you may login using the login form.

Create an Account

Username:

Password:

Confirm Password:

First Name:

Last Name:

Notifications Via:

Email:

Mobile Number for Text Notifications:

Mobile Carrier:

LOGIN

Username:

Password:

[Forgot Login Info?](#)

SECURE

networksolutions

VIII. Read the screen then click next

Letter to Households And FAQ:

Letter to Households | District FAQ

Dear Parent/Guardian:
Children need healthy meals to learn. Your child's school offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. You can use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to one of your children's school.

2. WHO CAN GET FREE MEALS? All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations or, in some States Temporary Assistance for Needy Families (TANF), can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

<< Previous Cancel Next >>

IX. Answer YES or NO, and enter information as needed. Then click next

Assistance Programs

Do you receive government assistance such as SNAP or Temporary Assistance for Needy Families (TANF)?

Click "No" if you are applying based on household income.
You will need to enter all household members' names and their monthly gross income.

No

If you click "Yes", you will need to enter a case number and select a case type.

Yes

Case Number: Case Type:

<< Previous Cancel Next >>

X. Click Add to enter information

Application Information:

Head of Household: [Add](#)

Student Information: [Add Student](#)

All other Household Members: [Add Member](#)

Number of Household Members: 0

Click Signature to sign and submit your application.

XI. Head of Household – fill in all

Adult Head of Household Information:

First Name: Last Name:

Last 4 Digits of Social Security Number: Enter the last four digits of your Social Security Number (or mark the box if you do not have one).

Check here if you do not have a Social Security Number.

Address1: Address2:

City: State:

Zip:

Home Phone: Work Phone:

Check if "No Income" or "Applying for Foster Child Only"

Head of Household	Salary	Welfare / Alimony / Child Support	Retirement / Pension / Social Security	Other
Income				

Income Amount:

Frequency:

Mark one racial/ethnic identity: (optional: You are not required to answer this question. No child will be discriminated against because of race, color, sex, national origin, age, or disability.)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Scroll down to see more options and to click SUBMIT

XII. Student - Fill in all information that you know

Student Information:

First Name: Last Name:

Teacher: School:

Student Number:
(optional)

Grade: (optional)

Check if the child you are applying for is a Foster Child

If the child you are applying for is homeless, migrant, runaway, or Head Start check the appropriate box and call your school, homeless liaison, migrant coordinator at phone #

None Homeless Migrant Runaway Head Start

Check if "No Income".

Student Gross Income	Salary	Welfare / Alimony / Child Support	Retirement / Pension / Social Security	Other
Income Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency:	<input style="border: 1px solid black;" type="text" value="Monthly"/>	<input style="border: 1px solid black;" type="text" value="Monthly"/>	<input style="border: 1px solid black;" type="text" value="Monthly"/>	<input style="border: 1px solid black;" type="text" value="Monthly"/>

XIII. Click Signature

Application Information:

Head of Household: [Edit](#)

Last Name: PARENT
 FirstName: JOE
 Address 1: 7600 S Central
 Address 2:
 City State Zip: Burbank, IL 60459
 SSN: 1234
 Home: 708-496-0500
 Work Phone:
 Total Annual Income: \$30,000.00

Student Information: [Add Student](#)

	First Name	Last Name	Student #	School	Total Annual Income
Delete Edit	JOHNNY	STUDENT		Burbank Elementary School	\$0.00

All other Household Members: [Add Member](#)

Number of Household Members: 2

Click Signature to sign and submit your application.

XIV. Enter name, click dropdown, and click submit

reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand the information provided on this application may be used to verify my household's eligibility for benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study.

To sign the application, please enter JOE PARENT in the Signature box

Signature:

Intent of Signature:

XV. Click Print to print a copy for your records, or click finished to exit

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand the information provided on this application may be used to verify my household's eligibility for benefits in the National School Lunch Program with Medicaid agencies as part of the state's participation in the Medicaid Verification Study.

To sign the application, please enter JOE PARENT in the Signature box.

Signature:

Intent of Signature:

(Disable popup control)

Thank you! Your application has been submitted.

You will receive a letter from Burbank SD 111 within two weeks.

Please click on Print Application to print or Finished to finish the process.