

Wylie ISD

FREE AND REDUCED LUNCH APPLICATION ONLINE APPLICATION INSTRUCTIONS

2023-2024 APPLICATIONS WILL BE ACCEPTED BEGINNING August 1,2023

YOU WILL NEED YOUR FAMILY ACCESS USERNAME AND PASSWORD TO COMPLETE THIS APPLICATION

1. Go to www.wyliebulldogs.org and log on to Family Access.

You will only need to fill out one application per family. You may choose any child registered at Wylie to submit the application on and the application will apply to all children registered at Wylie in your family. The application link will show up in the Food Service section of Family Access after you have chosen a student from the drop-down box at the top of the page.

2. Click **Food Service** on the menu on the left side of the screen.

3. Click **Applications** on the top menu.

4. Click **Add an Application**.

5. Read over the *Letter to Parents* and then click the **Next** button on the top right of the page.

6. **Check** the box noting that you have read the *Letter to Parents* and click **Next**.

7. Review the Federal Income Eligibility Chart to see if your family will qualify for free or reduced meals based on your income and then click **Next**.

**** Please note that if your child is a foster child, or if your family receives SNAP, TANF, or FDPIR benefits, your child/children will automatically qualify for a free breakfast and lunch. However, it is still necessary to fill out the application to receive the free meals.**

8. Read over the Privacy Act Statements and click **Next**.

9. Review the Non-Discrimination Statement and click **Next**.

THE NEXT SECTION OF THE APPLICATION IS BROKEN INTO FOUR PARTS

PART 1: CHILD NAMES

10. Add the names, birthdates, school campus and grade of each child attending Wylie ISD and click **Next**.

-if your child is foster, homeless, migrant or a runaway, please make sure the appropriate box is checked next to their name.

PART 2: SNAP, TANF, or FDPIR

11. If your family receives SNAP, TANF, or FDPIR then you will need to put the Eligibility Determination Group number (EDG) in the appropriate box. This number is an 8- or 9-digit number. 10-digit case numbers cannot be excepted. If you have a valid EDG number, you **will not** be asked to provide income information.

PART 3: HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

12. Part A - Income for Children in Household - this section refers to death benefits through social security or disability received by the child.

Part B - Income for Adult Household Members - List all household members not listed in Step 1 (including yourself) even if they do not receive income. Report total income in whole dollars only and indicate the frequency of income using the drop-down box. Please enter a "0" if no income is received. When complete, click **Next**.

PART 4: SIGNATURE & SOCIAL SECURITY NUMBER

13. This form must be signed by an adult. If Part 3 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security number or mark the "No Social Security number" box. To create an electronic signature, you must click the **Click to Sign** button beside the "sign here" box.

REVIEW & SUBMIT

Please review your application for errors then click the **SUBMIT APPLICATION** button at the top of the page.

PLEASE NOTE: You will receive an email or a letter in the mail regarding approval or denial of benefits within 10 days of submitting an application. If you do not receive a letter, please call 325-692-4353 ext. 1018.