

eFORMAT Parent Portal User Guide

Electronic Free or Reduced Meal Application Tracking

Welcome to the eFORMAT Parent Portal. In just a few steps, you can create a Free and Reduced Meal application for your family members. Listed below are the steps you will need to complete to create a Parent Portal account and the steps needed to create an application.

Step 1

- To create a parent user account, click on “New User Registration”.



SDMS Student Data Management System

DBS School District

POWERED BY DBS

Home Help

Welcome to Your Student Data Management System

PayForIt.net

PaySchools Online Payment Processing System

QSP4

eFORMAT

User Name:

Password:

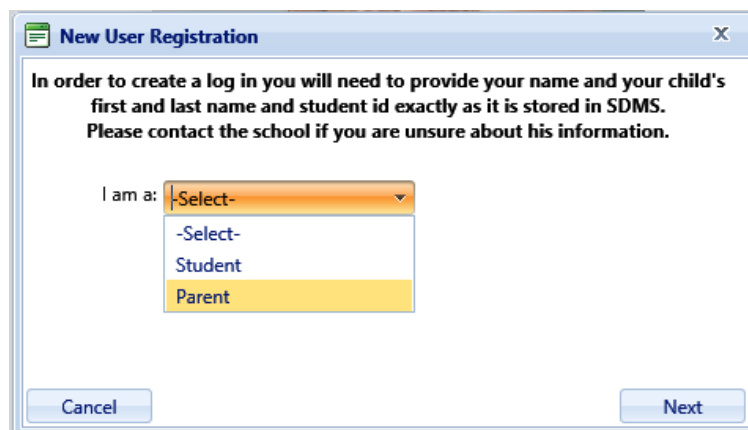
[New User Registration](#)

[Password Recovery](#)

Log In

Step 2

- Click on the arrow by “I am a” and select “Parent”.
- Click “Next”.



New User Registration

In order to create a log in you will need to provide your name and your child's first and last name and student id exactly as it is stored in SDMS. Please contact the school if you are unsure about his information.

I am a:

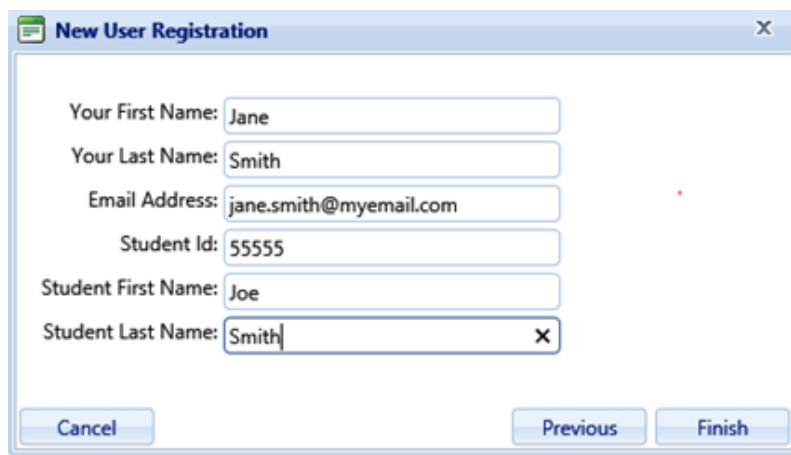
-Select-
Student
Parent

Cancel Next

Step 3

- Enter your first and last name.
- Enter your email address, if any.
- Enter your student's Patron ID number.
- Enter your student's first and last name.
- Click "Finish"

NOTE: You must enter your student's Patron ID, first name, and last name exactly as it is recorded in the Student Information System to successfully create a login account.



New User Registration

Your First Name: Jane

Your Last Name: Smith

Email Address: jane.smith@myemail.com

Student Id: 55555

Student First Name: Joe

Student Last Name: Smith

Cancel Previous Finish

Step 4

- Enter a user ID for your account.
- Enter a password which meets all the following requirements:
 - The password must contain a number
 - The password must contain a lowercase letter
 - The password must contain an uppercase letter
 - The password must be between 8 and 20 characters long

NOTE: As the requirements for passwords may vary, please follow the password rules for your district.

- Enter a security question that can be used to verify your identity if you need to reset your password in the future. For example, the name of your first car or where you grew up.
- Click "Continue" when all required fields have been entered.

Log In Information

Your student information has been verified.
Please enter the following information to create a user account.

User Id:

Password must contain a number, a lowercase letter, an uppercase letter, and be between 8 and 20 characters long.

Password:

Confirm Password:

Your Security Question and Answer will enable you to reset your password if you forget it. Select a question that has an answer that can not be easily figured out by someone else.

Security Question:

Security Answer:

Confirm Security Answer:

Step 5

- You will now see the site's login screen.
- Enter your user ID that you created in Step 4.
- Enter your password that you created in Step 4.
- Click "Log In".

SDMS Student Data Management System

DBS School District

Home Help

Welcome to Your Student Data Management System

PayForIt.net

PaySchools Online Payment Processing System

QSP4 eFORMAT

User Name: [New User Registration](#)

Password: [Password Recovery](#)

Step 6

- The Welcome screen you are viewing now lists the students that are related to you in SDMS. The child listed as part of the enrollment process is listed.
- It is important to be sure all your family members are listed on this screen. If they are not listed here, you will not be able to include them in the application.

The screenshot shows the SDMS Parent and Student Portal for DBS School District. The user is Jane Smith. The page displays a table of related students with the following data:

Student Id	Last Name	First Name	Middle Name	Grade	Birth Date	School	
55555	Smith	Joe		PK	1/14/2011	DBS Preschool	✗

Below the table is an "Add Student" button, which is highlighted with a red box. Below the button is a blue bar with the text "Press button or logo below to enter application". Below this bar are two buttons: "Contact Info" and "FORMAT". At the bottom, there is a note: "Please be sure you have all of your students added prior to clicking on FORMAT".

- To add additional family members, click the "Add Student" button.
- If you do not need to add additional family members, proceed to Step 7.
- In the pop-up screen, enter the student's Patron ID, first name, and last name.
- Click "Continue".

The screenshot shows the "Add Student" pop-up window. It contains the following text and fields:

Student Information

In order to add a student you will need to know the first and last name and student id exactly as it is stored in SDMS.

Student Id:

Student First Name:

Student Last Name:

At the bottom of the window are two buttons: "Continue" and "Cancel".

- The student will now appear in the list.

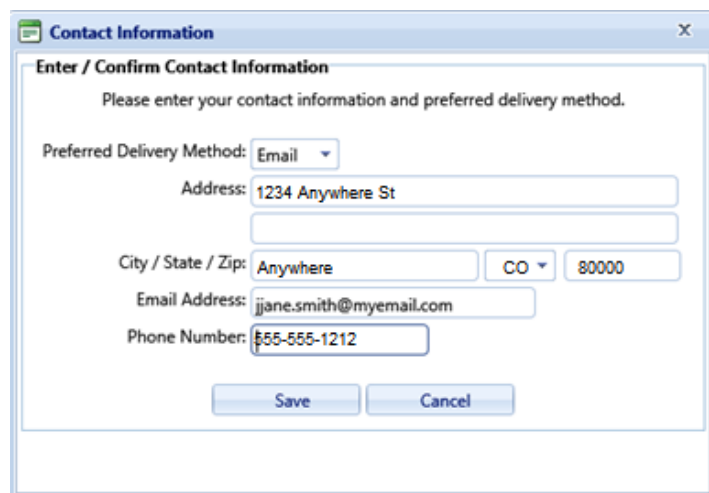
The screenshot shows the SDMS Parent and Student Portal for DBS School District. The user is Jane Smith. The page displays a table of related students with the following data:

Student Id	Last Name	First Name	Middle Name	Grade	Birth Date	School	
55555	Smith	Joe		PK	1/14/2011	DBS Preschool	✗
44444	Smith	Alexandria		8	2/14/2001	DBS Middle School	✗

Below the table is an "Add Student" button. Below the button is a blue bar with the text "Press button or logo below to enter application". Below this bar are two buttons: "Contact Info" and "FORMAT". At the bottom, there is a note: "Please be sure you have all of your students added prior to clicking on FORMAT".

Step 7

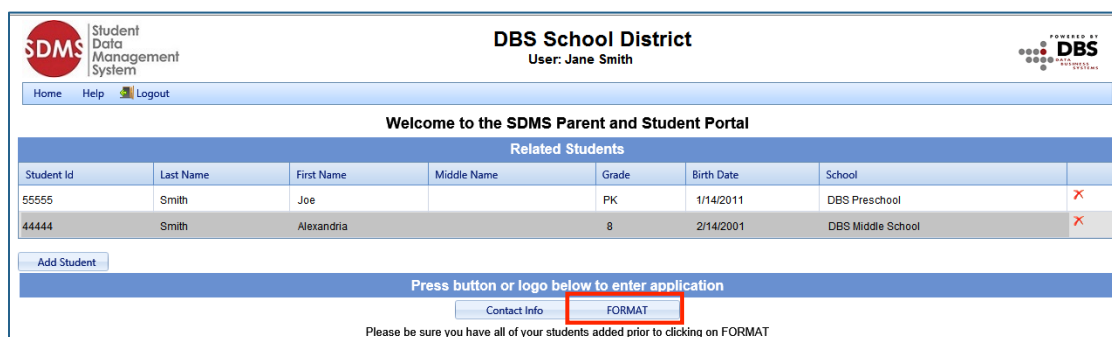
- Click on the “Contact Info” button.
- You are required to enter your contact information on this screen before you can complete an application.
- The address information is required.
- An email address is required if you prefer to receive electronic correspondence instead of regular mail.
- Click “Save” when all information has been entered.



A screenshot of a web form titled "Contact Information" with a sub-header "Enter / Confirm Contact Information". The form asks for contact information and preferred delivery method. It includes fields for Preferred Delivery Method (set to Email), Address (1234 Anywhere St), City / State / Zip (Anywhere, CO, 80000), Email Address (jjane.smith@myemail.com), and Phone Number (555-555-1212). There are "Save" and "Cancel" buttons at the bottom.

Step 8

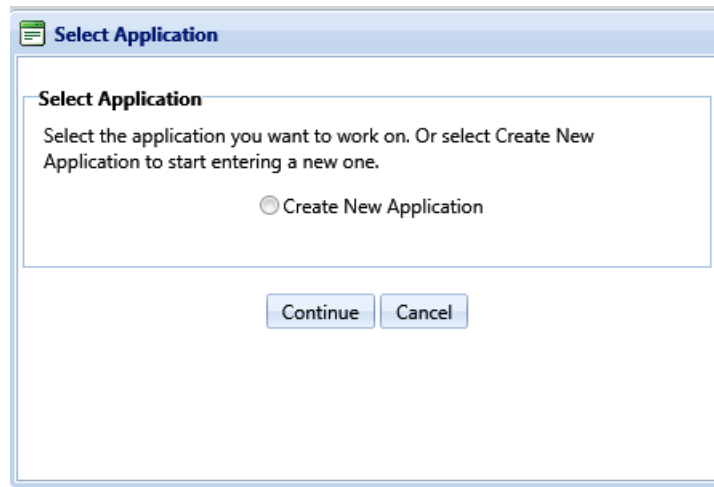
- You will be returned to the Welcome screen and are ready to enter an application.
- Click on the “FORMAT” button.



A screenshot of the SDMS Parent and Student Portal. The header shows the SDMS logo, "Student Data Management System", "DBS School District", and "User: Jane Smith". There are links for Home, Help, and Logout. The main content area says "Welcome to the SDMS Parent and Student Portal" and "Related Students". Below this is a table with student information. At the bottom, there are buttons for "Contact Info" and "FORMAT", with the "FORMAT" button highlighted by a red box. A note at the bottom says "Please be sure you have all of your students added prior to clicking on FORMAT".

Student Id	Last Name	First Name	Middle Name	Grade	Birth Date	School	
55555	Smith	Joe		PK	1/14/2011	DBS Preschool	✗
44444	Smith	Alexandria		8	2/14/2001	DBS Middle School	✗

- Click the button next to “Create New Application”.
- Click “Continue”.



Select Application

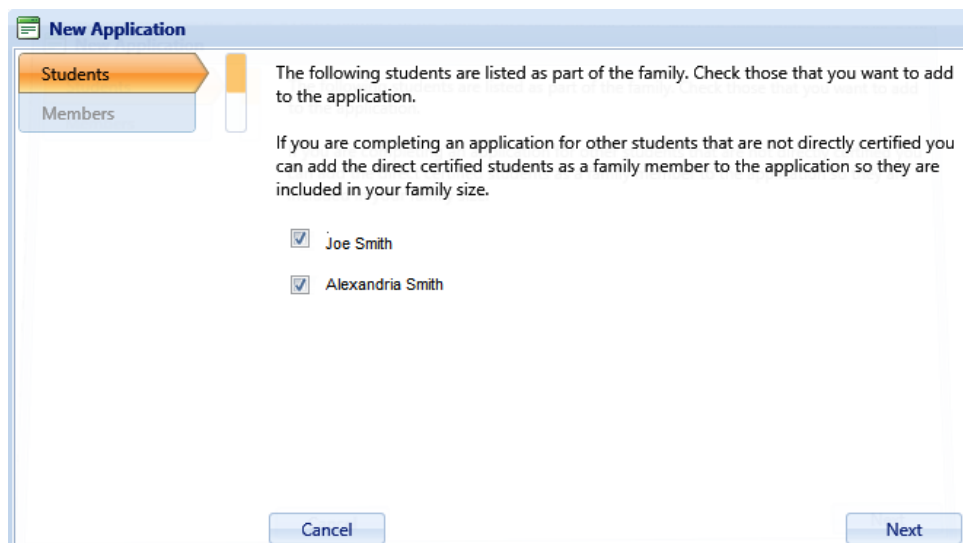
Select the application you want to work on. Or select Create New Application to start entering a new one.

☐ Create New Application

Continue Cancel

Step 9

- In this step, you will see all patrons who are part of your family.
- Checking the box next to the name will add them to the new application you are creating.
- Click “Next”.



New Application

Students

Members

The following students are listed as part of the family. Check those that you want to add to the application.

If you are completing an application for other students that are not directly certified you can add the direct certified students as a family member to the application so they are included in your family size.

☒ Joe Smith

☒ Alexandria Smith

Cancel Next

Step 10

- In this screen, you will see your name listed, as well as additional guardians or members of your family that were included on prior applications.
- Your name is checked by default.
- You will need to check any additional members you would like to be included on the application.
- Click “Next”.

New Application

Students
Members

The following people are guardians or are on the previous application as members of the family. Check those that you want to add to the application.

☒ Jane Smith (You must be a member on the application.)

Cancel Previous Next

Step 11

- This screen contains required information for each student and member.
- If the student receives any type of assistance, use the drop-down to choose the type or choose “None of These”.
- For the assistance type, you must enter your case number.
- All fields must have a response to proceed to the next screen.
- You will be required to fill out the information for each member listed on the left side of the screen.
- Click “Next” to proceed through each student’s screen.

New Application

Joe Smith
Alexandria Smith
Jane Smith

First Name: Joe Last Name: Smith

Assistance Type: SNAP Case #: 1234567

Special Situation: None of These

Foster Child: Yes No Head Start/Even Start: Yes No

Earns Income: Yes No

Cancel Next

- The member screen requires a response to assistance type and income.
- If a member receives any type of assistance, use the drop-down to choose the type or choose “None of These”.
- If you choose “Yes” for the assistance type, you must enter your case number.
- If any member has income, click “Yes” by “Earns Income”.
- You must enter the amount and frequency for at least one income category.
- You must choose how frequently you receive the income: weekly, every two weeks, monthly, or annually if that option is available.
- All fields must have a response to proceed to the next screen
- Click “Finish” when all information for all members has been entered.

New Application

Joe Smith
Alexandria Smith
Jane Smith

First Name: Alexandria Last Name: Smith

Assistance Type: Please Make a Selection

Earns Income: ☒ Yes ☐ No

Income From Work: 100.00 Weekly

Welfare/Child Support/Alimony: 100.00 Monthly

Pension, Retirement, SSI, VA, SS: Select Income Frequency

Other Income: Select Income Frequency

Cancel Previous Finish

Step 12

- The screen displays the required statements associated with your application process.
- The contents of the screen are listed below for your convenience.
- Read the entire disclosure and click “Continue” when finished.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs,

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

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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 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.

Step 13

- The next screen contains detailed information on how to correctly report benefits and income, along with a detailed definition of each benefit/income type.
- The contents of the screen are listed below for your convenience.
- Click "Continue".

INSTRUCTIONS FOR APPLYING

Please read this in its entirety before proceeding.

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF ANY HOUSEHOLD MEMBER RECEIVES BENEFITS FROM SNAP, TANF, OR FDPIR, AND THAT FAMILY MEMBER IS A STUDENT FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure the student(s) receiving benefits from an Assistance Program have their case numbers entered and all students in the family are listed.
2. Go to Household Members: If not already listed, add the household member who will be electronically signing the application. You do not need to enter income information.
3. Go to Sign Application: Sign the form. The last four digits of a Social Security Number are not necessary, you can select No SSN. Contact information is optional but recommended if we need to contact you.

IF ANY HOUSEHOLD MEMBER RECEIVES BENEFITS FROM SNAP, TANF, OR FDPIR, AND THAT FAMILY MEMBER IS NOT A STUDENT FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. You do not need to enter income information for students.
2. Go to Household Members: If not listed, add the family member who is receiving the benefits and add them including their case number.
3. If not already listed, add the household member who will be electronically signing the application. You do not need to enter income information.
4. Go to Sign Application: Sign the form. The last four digits of a Social Security Number are not necessary you can select No SSN. Contact information is optional but recommended if we need to contact you.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, TANF, OR FDPIR BENEFITS AND IF ALL CHILDREN IN THE HOUSEHOLD ARE HOMELESS, A MIGRANT OR RUNAWAY, OR ATTEND A HEAD START OR EVEN START PROGRAM FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. Indicate which of the above situation applies to each student. You do not need to enter income information.
2. Go to Household Members: Add the household member who will be electronically signing the application. You do not need to enter income information.
3. Go to Sign Application: Sign the form. The last four digits of a Social Security Number are not necessary you can select No SSN. Contact information is optional but recommended if we need to contact you.
4. Contact the school liaison for further assistance.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, TANF, OR FDPIR BENEFITS AND IF ANY, BUT NOT ALL, OF THE CHILDREN IN YOUR HOUSEHOLD ARE HOMELESS, A MIGRANT OR RUNAWAY, OR ATTEND A HEAD START OR EVEN START PROGRAM FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. Indicate which of the above situation applies to the student. If the child earns a steady income enter that information.
2. Go to Household Members: Enter all household members that are not students. Enter any steady income received for each household member.
3. Go to Sign Application: Sign the form. The last four digits of a Social Security Number are not necessary you can select No SSN. Contact information is optional but recommended if we need to contact you.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, TANF, OR FDPIR BENEFITS AND IF NO CHILD IS HOMELESS, A MIGRANT OR RUNAWAY, OR ATTEND A HEAD START OR EVEN START PROGRAM AND ALL CHILDREN ARE FOSTER CHILDREN FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. Indicate that they are foster children.
2. Go to Household Members: Add the household member who will be electronically signing the application. You do not need to enter income information.
3. Go to Sign Application: Sign the form. The last four digits of a Social Security Number are not necessary you can select No SSN. Contact information is optional but recommended if we need to contact you.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP, TANF, OR FDPIR BENEFITS AND IF NO CHILD IS HOMELESS, A MIGRANT OR RUNAWAY, OR ATTEND A HEAD START OR EVEN START PROGRAM AND IF ANY, BUT NOT ALL CHILDREN ARE FOSTER CHILDREN FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. Indicate which student(s) is a foster child. If the student earns a steady income enter that information.
2. Go to Household Members: Enter all household members that are not students. Enter any steady income received for each family member.

3. Go to Sign Application: Sign the form and list the last four digits of their Social Security Number or mark No SSN if you do not have one. Contact information is optional but recommended if we need to contact you.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

1. Go to Students: Make sure all students in the family are listed. If the child earns a steady income enter that information.
2. Go to Household Members: Enter all household members that are not students. Enter any steady income received for each family member.
3. Go to Sign Application: Sign the form and list the last four digits of their Social Security Number or mark No SSN if you do not have one. Contact information is optional but recommended if we need to contact you.

DEFINITIONS OF INCOME

Income Of A Child

- Only include income if it is from a steady source. Occasional babysitting or odd jobs should not be included.

Income From Work

- Wages, salaries, tips, commissions
- Net income from self-owned business and farms
- Strike benefits, unemployment compensation, and worker's compensation

Welfare, Child Support, Alimony

- Public assistance payments/welfare benefits (e.g., TANF, General Assistance, General Relief)
- Alimony or child support payments
- Note: Benefits under SNAP and FDPIR are not counted as income.

Pension, Retirement, SSI, VA, Social Security

- Pensions, retirement income, veterans' benefits
- Social security
- Supplemental security income
- Disability benefits

Other Income

- Net rental income, annuities, net royalties
- Interest; dividend income
- Cash withdrawn from savings; income from estates, trusts and/or investments
- Regular contributions from persons not living in the household
- Any other money that may be available to pay for the child(ren)'s meals



Step 14

- In this screen, your students are listed and show the Free and Reduced options that you selected in the members' screens in Step 11.
- If you wish to change any information, click on the Pencil icon next to the appropriate student's name.

FORMAT - Free and Reduced Application Processing

This application is not signed.

Verify all students that are part of the family and attend the school district you are applying to are listed below and all the information about them is correct.

Id	Name	Grade	School	Categorical?	Income?	Foster/HeadStart?	Other Source?	
44444	Smith, Alexandria	8	DBS Middle School	Yes	No	No	No	
55555	Smith, Joe	PK	DBS Preschool	No	No	No	No	


Previous Continue

- In this screen, you can edit your student's information.
- Make any desired changes.
- Click "Update" to save your changes.
- If you need to edit another student, click on the Pencil icon and repeat these steps.
- Click "Continue" when all changes are complete.

FORMAT - Free and Reduced Application Processing

This application is not signed.

Verify all students that are part of the family and attend the school district you are applying to are listed below and all the information about them is correct.

Id	Name	Grade	School	Categorical?	Income?	Foster/HeadStart?	Other Source?	
44444	Smith, Alexandria	8	DBS Middle School	Yes	No	No	No	

First Name: Alexandria Last Name: Smith

Assistance Type:

Special Situation:

Foster Child: ☐ Yes ☒ No

Head Start/Even Start: ☐ Yes ☒ No

Earns Income: ☐ Yes ☒ No

Update Cancel

Previous Continue

Step 15

- On this screen, your members are listed.
- To edit an existing member, click the Pencil icon.
- Repeat the steps you followed in Step 14, being sure to click “Update” when all changes are complete.
- If you need to add an additional member, click the “Add Application Member” button.

FORMAT - Free and Reduced Application Processing

This application is not signed.

Verify all household members that are not students in the school district you are applying to are listed below and all the information about them is correct. Be sure to include the person who will be signing the application.

[Add Application Member](#)

Name	Earnings	Welfare...	Pension...	Other	Categorical?		
Smith, Jane	100.00 Weekly	100.00 Monthly	None	None	None		

Previous Continue

- On the edit screen, enter the first and last name of the member.
- Enter all required information including choosing the assistance type.
- Enter income information if you choose “Yes” by “Earns Income”.
- Enter the amount and frequency of the income.
- Click “Insert” to add the member to the application.

FORMAT - Free and Reduced Application Processing

This application is not signed.

Verify all household members **that are not students in the school district you are applying to** are listed below and all the information about them is correct. Be sure to include the person who will be signing the application.

+ Add Application Member

Name	Earnings	Welfare...	Pension...	Other	Categorical?		
First Name: Charles Last Name: Smith Assistance Type: None of These Earns Income: <input checked="" type="radio"/> Yes <input type="radio"/> No	Income From Work: 200.00 Weekly	Welfare/Child Support/Alimony: Select Income Frequency	Pension, Retirement, SSI, VA, SS: Select Income Frequency	Other Income: Select Income Frequency			
<input type="button" value="Insert"/> <input type="button" value="Cancel"/>							
Smith, Jane	None	None	None	None	None		

- You will now see the newly added member in the list of application members.
- Click “Continue”.

Home Help Logout

FORMAT - Free and Reduced Application Processing

This application is not signed.

Verify all household members **that are not students in the school district you are applying to** are listed below and all the information about them is correct. Be sure to include the person who will be signing the application.

+ Add Application Member

Name	Earnings	Welfare...	Pension...	Other	Categorical?		
Smith, Jane	None	None	None	None	None		
Smith, Charles	200.00 Weekly	None	None	None	None		

Step 16

- If all students and guardians have been added to the application, you are now ready to electronically sign the application.
- You will need to enter the last 4 digits of your Social Security Number or click the checkbox “No SSN/Not Applicable”.
- Choose the language, English or Spanish, you prefer to receive correspondence in that will be generated from this application.
- You will enter the password you specified for when you registered for your account.
- When all information has been entered, click “Sign Application” to complete the process.

FORMAT - Free and Reduced Application Processing [Return To Patron View](#)

This application is not signed.
Please select the Signer for the application. You MUST click Sign to complete your application.

Signer: Jane Smith

Last 4 of SSN: ***-**-**** ☒ No SSN/Not Applicable

Date Signed: 7/23/2015

Preferred Language: English

[Previous](#) [Sign Application](#)

Step 17

- If your school district uses disclosure choices, you are given the opportunity to select them in this screen.
- By checking Opt-In beside a program, you are allowing meal status information to be disclosed to that program.
- You can check Opt-In in the title bar to select all programs at once.
- To use these same disclosure choices for all students on the application, check the box highlighted in red below.
- Click "Save" when completed.

Disclosure Choices

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.
 Completing this form will not change whether your student(s) get free or reduced meals.
 Completing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

Please indicate the programs you would like to share information with by selecting the check box by the program. If you wish to share with all programs you and check the box labeled Opt In.

Student Name: Alexandria Smith

☒ Check this box if you would like to use these choices for the remaining students on the application

Name	Description	<input checked="" type="checkbox"/> Opt In
Activity Fees	Activity Fees	<input checked="" type="checkbox"/>
AP Exams	AP Exams	<input checked="" type="checkbox"/>
Athletics	Athletics	<input checked="" type="checkbox"/>

[Save](#)

Step 18

- You will now see the Confirmation screen which shows that you have successfully signed your application.
- At this point, the application is complete.
- If your district uses Disclosure Choices, you can download the Disclosure Letter which will indicate what programs you chose to Opt-In for each student on the application by clicking the “Download Disclosure” link.
- You can download the Determination Letter which will indicate the students included on the application, the meal status for each student, and contact information if you have any questions or issues about your students’ benefits.

FORMAT - Free and Reduced Application Processing

Application Signed: 7/21/2015 At 02:57 PM

Your application is now complete. Thank you for using the online application system.

[Download Disclosure](#)
[Download Determination](#)

- You will be prompted to open or save each letter.

Do you want to open or save **Determination.pdf** (978 KB) from **dbsmiddleschool.com**?

[Open](#)
[Save](#)
[Cancel](#)

- Sample of the Disclosure Letter that will be generated for your records.

7/21/2015

Jane Smith
1234 Anywhere St
Anywhere, CO 80000

Your disclosure options are listed below. You can change your choices at any time by contacting:

Mary Walker, Administrator
1234 First St
Anywhere, CO 80000
mary.walker@dbsschooldistrict.org

Student Id	Name	School
44444	Alexandria Smith	DBS Middle School
Opt In Opt Out	2016 DBS School District (Bus transportation fee, Band, Drama)	
55555	Joe Smith	DBS Preschool
Opt In Opt Out	2016 DBS School District (Bus transportation fee)	

- Sample of the Determination Letter that will be generated for your records.

7/21/2015

Jane Smith
1234 Anywhere St.
Anywhere, CO 80000

PLEASE KEEP THIS LETTER FOR YOUR RECORDS. If a duplicate letter is required, one may be provided for a fee of \$3.00 and must be picked up at the Nutrition Office at 10850 E. Woodman Rd., Falcon, Co 80831. An emailed copy can be sent at no charge. Students approved for reduced price meals in grades Pre-school to fifth will receive lunch at no charge for the 2014-2015 school year. Students approved for reduced price meals in grades 6-12 will be charged \$.40 for lunch. All students approved for reduced price meals will receive free breakfast, where breakfast is served, for the 2015-2016 school year.

If you do NOT want your child(ren) to receive Free meals or have questions, please contact James Dobbs at 555-555-3333

If you have any questions about this decision, please call: Carol Walker

If your application was denied, you may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in income, an increase in household size, or qualify for food stamps, you may complete another application at that time.

Name	Benefit Level	Reason
Alexandria Smith (44444) - (DBS Middle School)	Free	Income Within Limits
Joe Smith (55555) - (DBS Preschool)	Free	Income Within Limits

If you still do not agree with the decision, and would like to appeal, you may discuss it with a school official, Mrs. Jones, at 555-555-2121

Sincerely,

Carol Walker
DBS School District
5432 E. School St.
Anywhere, CO 80000
555-555-2222

*Categorical - Someone in the family is receiving federal or state assistance

**Other Source - The child is foster, homeless, migrant, runaway or part of a Head Start program.

Non-Discrimination Statement:

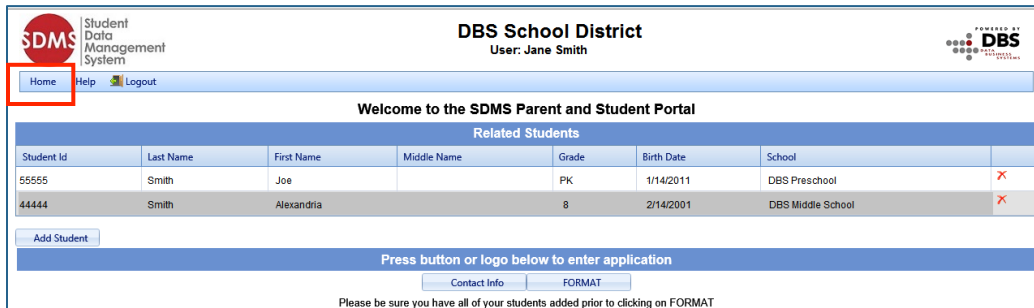
This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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 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.

Step 19

- To return to the Welcome screen, click the “Home” button.



SDMS Student Data Management System

DBS School District
User: Jane Smith

Home Help Logout

Welcome to the SDMS Parent and Student Portal

Related Students

Student Id	Last Name	First Name	Middle Name	Grade	Birth Date	School	
55555	Smith	Joe		PK	1/14/2011	DBS Preschool	X
44444	Smith	Alexandria		8	2/14/2001	DBS Middle School	X

Add Student

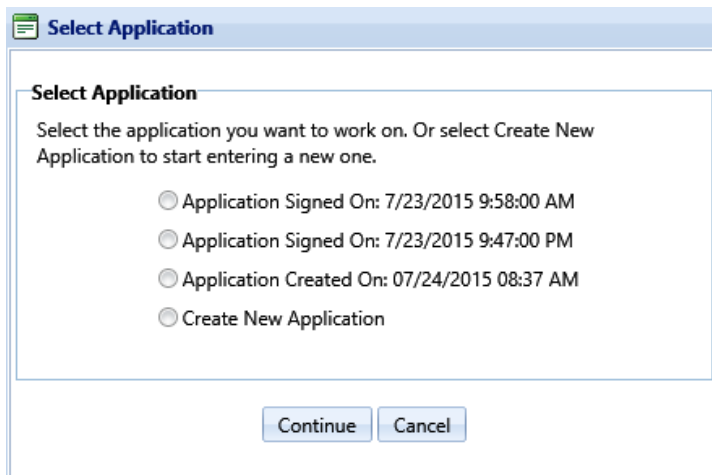
Press button or logo below to enter application

Contact Info FORMAT

Please be sure you have all of your students added prior to clicking on FORMAT

Step 20

- If you want to create a new application or view the signed application you just completed, click on the FORMAT button.
- The screen will list all applications and give you the option to create a new application.
- If you choose to create a new application, check the button next to “Create New Application” and click “Continue”. Refer back to Step 9.
- If you choose to continue an application that you created, but did not sign, click the button next to “Application Created....” and click “Continue”. Refer to Step 12.
- If you choose to review a signed application, check the button next to “Application Signed...” and click “Continue”. Proceed to Step 21.
- Click “Cancel” to exit the screen and return to the Welcome screen.



Select Application

Select the application you want to work on. Or select Create New Application to start entering a new one.

☐ Application Signed On: 7/23/2015 9:58:00 AM

☐ Application Signed On: 7/23/2015 9:47:00 PM

☐ Application Created On: 07/24/2015 08:37 AM

☒ Create New Application

Continue Cancel

- Click “Logout” to end your session.

SDMS Student Data Management System

DBS School District
User: Jane Smith

Home Help **Logout**

Welcome to the SDMS Parent and Student Portal

Related Students

Student Id	Last Name	First Name	Middle Name	Grade	Birth Date	School	
55555	Smith	Joe		PK	1/14/2011	DBS Preschool	✗
44444	Smith	Alexandria		8	2/14/2001	DBS Middle School	✗

Add Student

Press button or logo below to enter application

Contact Info FORMAT

Please be sure you have all of your students added prior to clicking on FORMAT

Step 21

- If the application has been signed, you will see the screen displayed below.

Current Application Information

Application Id: 4079 Entered By: Jane Smith [Print Application](#)

Status: Signed By: [Print Determination](#)

Last 4 SSN:

Students

Student Id	Name	Status	Reason	Income	Welfare Inc	Pension Inc	Other Inc	Other Source	Assistance Type	Case Number
44444	Smith, Alexandria	F	Income	None	None	None	None	None	None	None
55555	Smith, Joe	F	Income	None	None	None	None	None	None	None

Members

Name	Income	Welfare Inc	Pension Inc	Other Inc	Assistance Type	Case Number
Smith, Jane	\$100.00 Weekly	\$100.00 Monthly	None	None	None	None

Decline Benefits Cancel

- This screen shows all students included on the application, their determination status, and income related data.
- You can print the application by clicking on “Print Application” in the upper right hand corner of the screen.
- You can also print the Determination letter by clicking on “Print Determination” if you did not print it in Step 18.
- You can decline the benefits provided on this application by clicking the “Decline Benefits” button. This will cause the application to be disregarded when determining the student’s meal status.
- You will be required to submit a new application to re-apply for benefits.

Password Recovery

- If you forget your password, you can click “Password Recovery” from the main login screen to start the reset process.



SDMS Student Data Management System

DBS School District

Home Help

Welcome to Your Student Data Management System

PayForIt.net

PaySchools Online Payment Processing System

QSP4

eFORMAT

User Name:

Password:

[New User Registration](#)

[Password Recovery](#)

Log In

- You will be prompted to enter your user ID you created in Step 4.



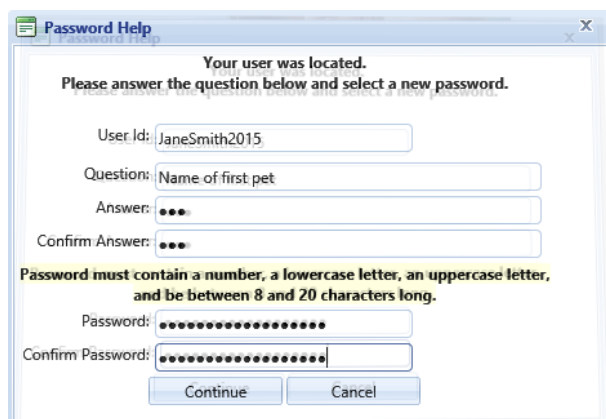
Password Help

In order to reset your password you will need to enter your security answer.
Not all users will have entered this information.
If you know your answer enter your User Id below and click Continue.

User Id:

Continue Cancel

- Once your user name is confirmed in the system, the next screen prompts you to answer the security question you created in Step 4.
- You can then enter your new password.



Password Help

Your user was located.
Please answer the question below and select a new password.

User Id:

Question:

Answer:

Confirm Answer:

Password must contain a number, a lowercase letter, an uppercase letter,
and be between 8 and 20 characters long.

Password:

Confirm Password:

Continue Cancel

- If you have entered the correct information, clicking “Continue” will take you back to the site’s login screen.
- Enter your user ID and newly created password to access the application Welcome screen.



Student
Data
Management
System

DBS School District

POWERED BY


[Home](#) [Help](#)

Welcome to Your Student Data Management System







User Name: [New User Registration](#)
Password: [Password Recovery](#)