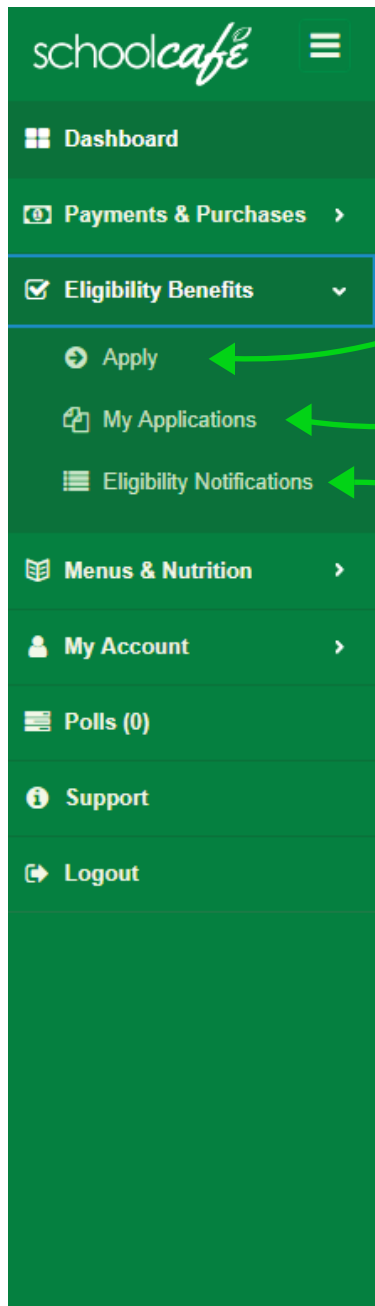


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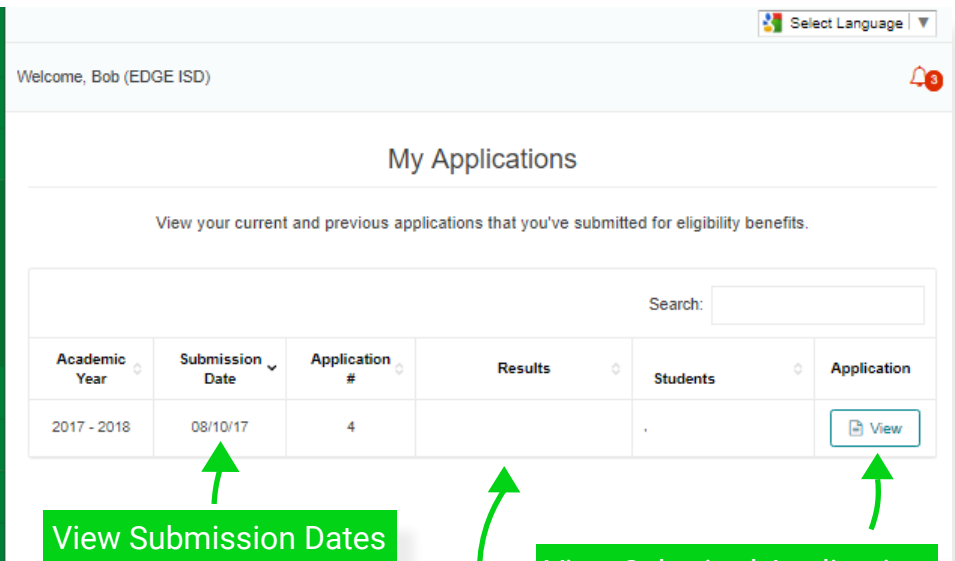
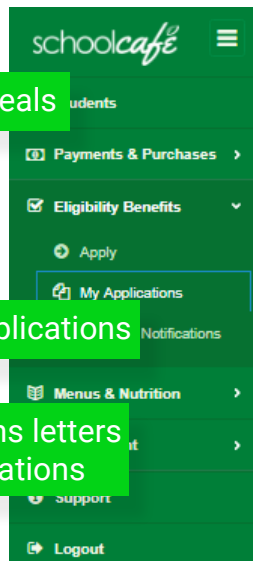
Quick Card



Apply for Free & Reduced Meals

View Previous Applications

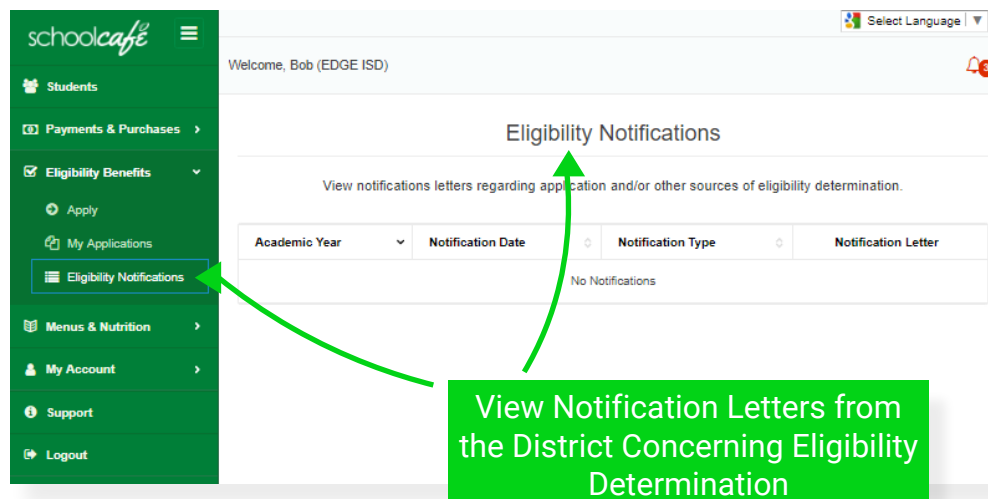
View notifications letters regarding applications



View Submission Dates

View Submitted Application

See the Results of Your Applications



View Notification Letters from the District Concerning Eligibility Determination

schoolcafé

Quick Card

1 Select students from your SchoolCafé account

Select Your Students

Select From Various Languages

English
中文

Use of Information Statement | Non-Discrimination Statement

2 Certify

Please provide honest acknowledgement of the terms and conditions for this application before proceeding.

Bob Smith
4422 Cypress Creek Pkwy Suite 200
Houston, TX 12345
123-456-7899
test@test.com

Edit

I certify (promise) that the information I provide is true and that all information is correct to the best of my knowledge and understanding.

☐ I understand that school officials may verify (check) the information I provide. I understand that if I purposely give false information, my children will lose benefits, and I may be prosecuted.

* required

Previous Next

3 Answer Questions About Your Household

Are there any other students in your household?

☐ Yes ☐ No

Do any of the students in your household receive income assistance?

☐ Yes ☐ No

Are any of these students Foster, Homeless, Migrant, Runaway, or Unemployed?

☐ Yes ☐ No

Do you receive any assistance from SNAP, TANF, or FDIPIR?

☐ Yes ☐ No

* required

4 Return To A Previous Step In Your Application

Students Assistance Household Review Submit

Household

Please list all household members and any income they may receive below so that we can determine your household size/income. To speed things up we've already added your students that you entered earlier.

Add Household Member

(student)
Income: None

(student)
Income: None

Smith, Bob (applicant)
Income: \$3,000.00 (Monthly)

Previous Next

Adjust Income

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Quick Card

5

Students Assistance Household **Review** Submit

Review

Glance over your information and make sure everything looks good. If something needs to be changed you can select the edit option for each section. Otherwise, you can proceed to the next step.

Students

Go Back to Students

You have indicated that your household contains 2 K-12 student(s).

Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No

Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No

Assistance

Go Back to Assistance

You have indicated that you did not receive any assistance from SNAP, TANF, or FDIPIR.

Household

Go Back to Household

Total Household Size (Including Children and Adults): 3

(student)
Income: None

(student)
Income: None

Smith, Bob (applicant)
Income: \$3,000.00 (Monthly)

Previous

Review Your Application Information

Selected Students For Application

Household Information

6

Students Assistance Household Review **Submit**

Submit

Bob Smith

Before submitting, please fill in a few details about yourself. This information will not be shared but helps the food service office contact you with the results of your application.

An adult household member must electronically sign the application. If the household member inform section is not completed, an adult signing this application should have a social security number or mark the "I do not have a SSN"

to capture the last 4 digits of your social security number for applying. If you do not have a social security number you may indicate that below.

Do you have an SSN?

☒ Yes ☐ No

Enter the last 4 digit of your Social Security Number
1234

Enter The Last Four Digits of Your SSN

Digitally Sign Your Online Application

Submit Your Application

Bob Smith

Your application was successfully verified and signed via IP Address 10.10.100.91.

Submit My Application

Return To Previous Steps To Adjust Any Information

7

Summary

You have successfully completed your online application!

Your application number is 5. You can find the details of your information on the My Applications page. When processing is completed, you will receive a letter officially notifying you of the results from your district. Those results will be available on the Eligibility Notifications page.

Copy of your application

2017 - 2018 Application for Free and Reduced Price Meals									
STEP 1 - All Children to the Household: Complete one application per household. Please use a pen and a pencil.									
Student ID	Last Name	First Name	MI	DOB	Student?	School Code	Grade	Direct Approval	
100081					☐				
100732					☐				
STEP 2 - Assistance Programs: Do any household members (including you) currently participate in SNAP? If you answered NO - Complete STEP 2. If you answered YES - Please add SNAP number from step 1 to STEP 4.									
STEP 3 - Household Member Income (Skip this step if you answered 'Yes' in STEP 2): Please mail how to apply for Free and Reduced Price School Meals for more information. The 'Statement of Income for Children' section will help you with the correct household members. The 'Statement of Income for Adult' section will help you with ALL ADULT household members.									
List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any field blank, you are certifying (promising) that there is no income to report.									
Household Member (First and Last Name)	Earnings From Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?			
Bob Smith	\$3,000.00	Monthly							
Total Household Size		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member		SSN		Check if no SSN			
3		1234							
STEP 4 - Contact Information and Adult Signature: I hereby certify that all information on this application is true and that all income is reported. I understand that this information is given in confidence with the intent of Federal, State, and local officials may verify this information. I am aware that if I knowingly give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.									
Printed name of adult completing the form				Signature of adult completing the form				Today's Date	
Bob Smith				[Signature]				01/12/17	
Street Address (if available)				City				State ZIP Code	
870 Easy St				Palmer				AK 12345	
Home Phone Number				Work Phone Number				Email	
2143567890								bobsmith@primerowledge.com	
Optional - Children's Racial and Ethnic Identifiers									
Ethnicity: Race:									

After Submitting, You'll Receive An Application Copy

Print Or Download A Copy Of Your Application

Print Download

I need to apply for more students. Start another application.