

schoolcafé

Quick Card

1

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schoolcafé

- Dashboard
- Payments & Purchases
- Eligibility Benefits
 - Apply
 - My Applications
 - Eligibility Notifications
- Menus & Nutrition
- Support

Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

English

中文

Select from Various Languages

Apply for Free & Reduced Meals

1

Add a Student

ID

Date of Birth

First Name

Middle Name

Last Name

School

Is this student a Foster, Homeless, Migrant, Runaway, Head Start child?

☐ Yes ☐ No

Was this student approved for a PFD?

☐ Yes ☐ No

Does this student receive income?

☐ Yes ☐ No

To ensure that we can match your students, please enter as many details as possible.

Cancel Add this Student

Add Details: such as Income, or if your Student is Foster or Homeless

2

Eligibility Benefits

- Apply
- My Applications
- Eligibility Notifications

Menus & Nutrition

My Account

Polls (0)

Support

Logout

Certify

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

Bob Smith

4422 Cypress Creek Pkwy Suite 400

Houston, TX 12345

123-456-7899

test@test.com

Edit

I certify (provide true and that I understand the information provided is correct)

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

* required

Previous Next

Edit Application Information

Click to Certify your Information is Correct

3

Students

Enter all K-12 students in your household

Add a Student

You do not have any students associated with your SchoolCafé account. You need to add at least one student.

Previous Next

Add Students to your Application

schoolcafé

Quick Card

Students Already Added will
Populate and can be Selected here

4

Select students from your SchoolCafé account

Please select any students you have already added to your account and answer a few basic questions in order to speed up the application process!

- ☐ Jane Kaye Smith
- ☐ Sean Michael Smith

Select Students
Already Added

Are there any other students in your household?

☐ Yes ☐ No

Do any of the students in your household receive income?

☐ Yes ☐ No

Are any of these students Foster, Homeless, Migrant, Rural, or Native American?

☐ Yes ☐ No

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

☐ Yes ☐ No

Answer Questions
about your Household

5

Assistance

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

☐ Yes ☒ No

Previous

English



Students



Assistance



Household



Review



Submit

Add Information about the
Financial Assistance
you Receive in the Assistance
Step

Next

Students Assistance Household Review Details Submit

Assistance

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

☒ Yes ☐ No

Benefits Received

* required

What type of benefits do you receive?

☐ FDIPIR ☐ SNAP ☐ TANF

Previous

Use of Information Statement | Non-Discrimination Statement

Use of Information Statement | Non-Discrimination Statement

What is your case number?

Case Number

1234567890

Enter Information such as
Case Number

What is your case number?

Case Number

123456789|

Case number must be 10 digits.

Number of Digits is Validated
to Ensure Accuracy

2

Return to a Previous
Step in your Application

English

6



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
if Needed

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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

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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 (if required)

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

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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 Meal									
STEP 1 - All Children to the Household: Complete one application per household. Please use a pen (not a pencil).									
Student ID	Last Name	First Name	MI	DOB	Student?	SCHOOL Code	Grade	Direct Approve	
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 here (go to STEP 4).									
Add Case Number or SNAP Identifier (not the EBT ID):									
STEP 3 - All Household Member Income (Skip this step if you answered 'Yes' in STEP 2): Please note: How to apply for Free and Reduced Price School Meals for more information. The "Statement of Income for Children" section will only apply to the child household members. The "Statement of Income for Adult" section will only apply to the 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: 1234		Check if no SSN: ☐			
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

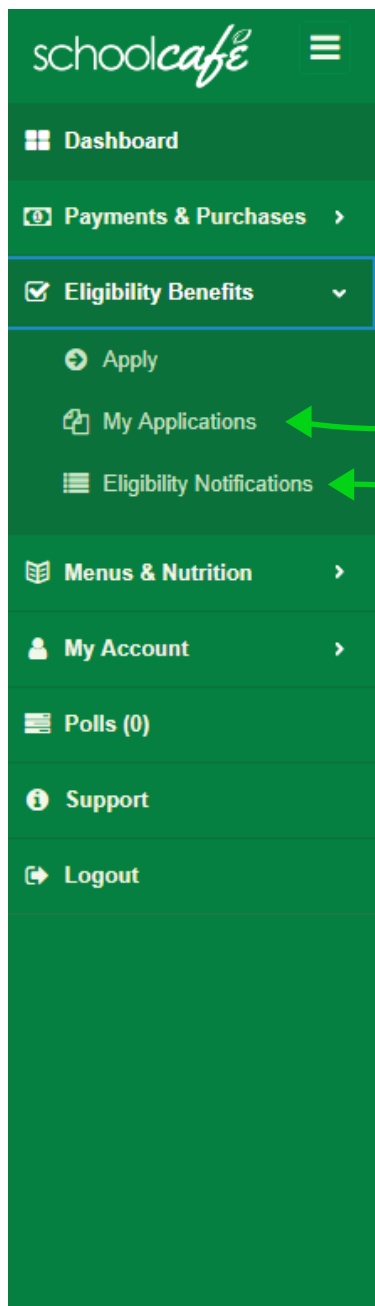
Print Download

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

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Quick Card

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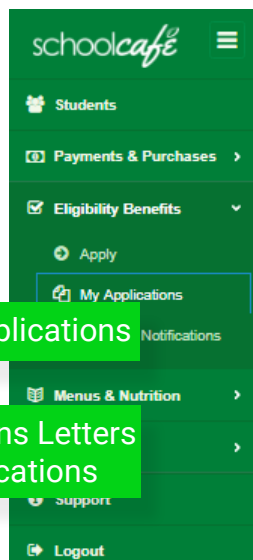


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- Dashboard
- Payments & Purchases
- Eligibility Benefits
 - Apply
 - My Applications
 - Eligibility Notifications
- Menus & Nutrition
- My Account
- Polls (0)
- Support
- Logout

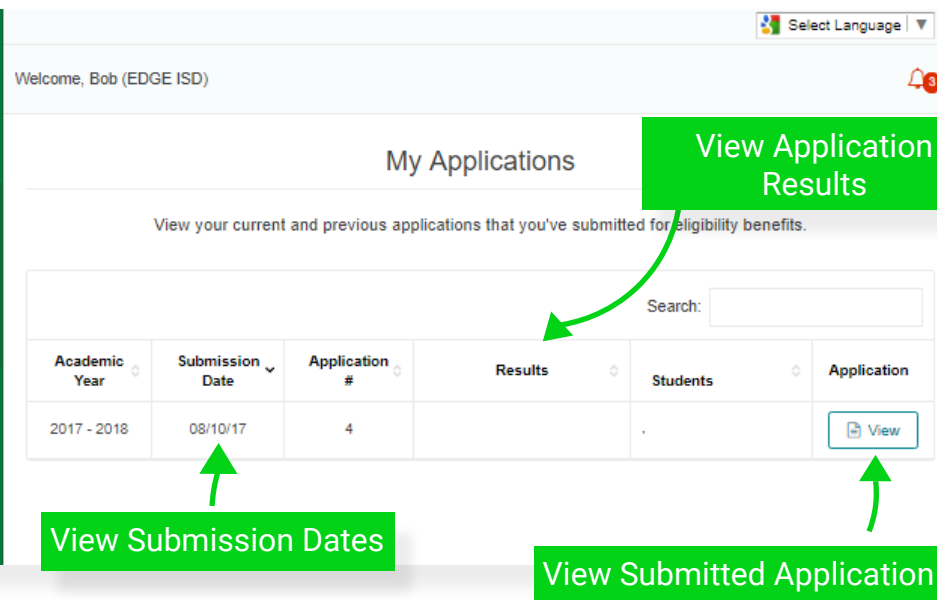
View Previous Applications

View Notifications Letters Regarding Applications



schoolcafé

- Students
- Payments & Purchases
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 - My Applications
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Welcome, Bob (EDGE ISD)

My Applications

View your current and previous applications that you've submitted for eligibility benefits.

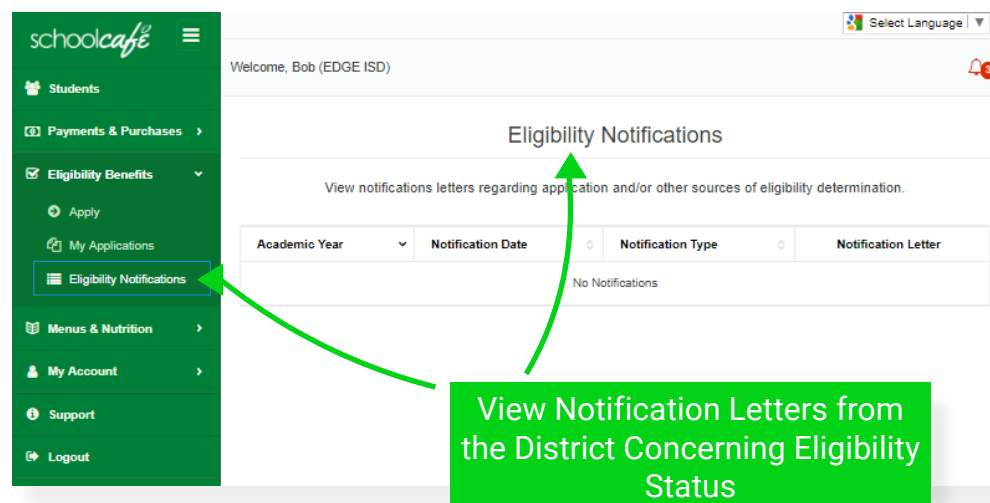
Search:

Academic Year	Submission Date	Application #	Results	Students	Application
2017 - 2018	08/10/17	4			View

View Application Results

View Submission Dates

View Submitted Application



Welcome, Bob (EDGE ISD)

Eligibility Notifications

View notifications letters regarding application and/or other sources of eligibility determination.

Academic Year	Notification Date	Notification Type	Notification Letter
No Notifications			

View Notification Letters from the District Concerning Eligibility Status