

# Meal Benefits Application (Portal)

Last Modified on 08/25/2022 2:12 pm CDT

**Campus Parent:** [More > Meal Benefits Application](#)

**Campus Student:** [More > Meal Benefits Application](#)

The Meal Benefits Application allows parents/guardians and [emancipated students](#) to electronically submit Meal Benefits Applications to their district.

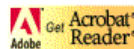
In order to complete the Meal Benefits Application, the application signer must complete the following steps:

- [Step 1. Create an E-Signature PIN](#)
- [Step 2. Review the Letter to Household](#)
- [Step 3. Review Application Instructions](#)
- [Step 4. Review and Confirm Signer](#)
- [Step 5. Confirm Household Members](#)
- [Step 6. Indicate Meal Benefits](#)
- [Step 7. Confirm Child Household Members](#)
- [Step 8. Indicate Foster Children](#)
- [Step 9. Indicate Migrant, Homeless, Runaway, and Head Start Children](#)
- [Step 10. Enter Household Gross Income](#)
- [Step 11. Review Household Information for Accuracy](#)
- [Step 12. Authorize Household Application](#)
- [Step 13. Electronically Sign the Household Application](#)
- [Step 14. Review and Print Submission Notice](#)

## Applications/Forms

Meal Benefits Application [click here to start the application process.](#)

Reports on this page require the Adobe Acrobat Reader (free).

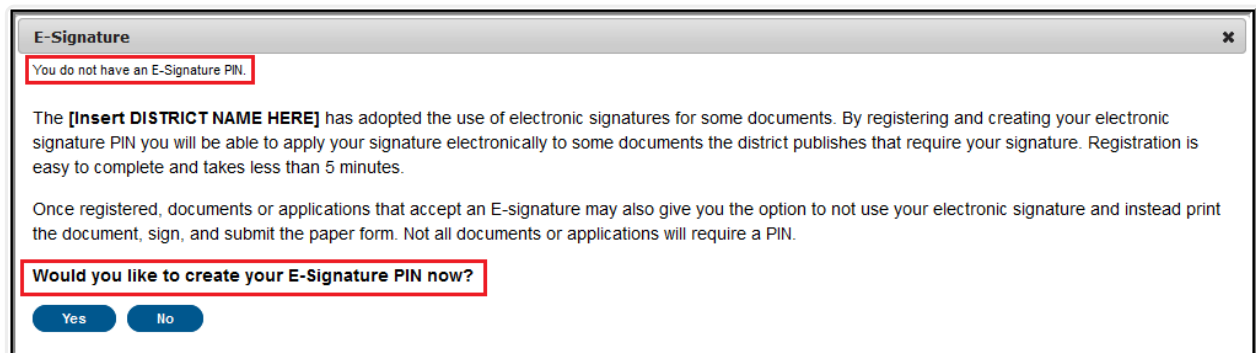


*Accessing the Meal Benefits Application*

## Step 1. Create an E-Signature PIN

If you already have a PIN or if your district does not require a PIN, skip to Step 2.

If required by your district, the E-Signature PIN allows you to submit an electronic signature with the application which is treated the same legally as a signature made on the paper application.



**E-Signature**

You do not have an E-Signature PIN.

The [Insert DISTRICT NAME HERE] has adopted the use of electronic signatures for some documents. By registering and creating your electronic signature PIN you will be able to apply your signature electronically to some documents the district publishes that require your signature. Registration is easy to complete and takes less than 5 minutes.

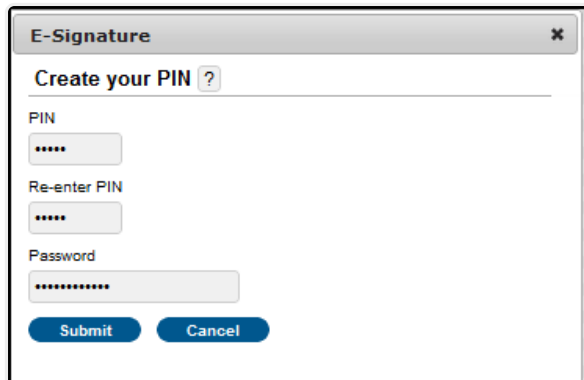
Once registered, documents or applications that accept an E-signature may also give you the option to not use your electronic signature and instead print the document, sign, and submit the paper form. Not all documents or applications will require a PIN.

**Would you like to create your E-Signature PIN now?**

*Notification of No E-Signature PIN Established*

To create an E-Signature PIN, click the **Yes** button. The Create your PIN editor will display.

To create a PIN, enter the **PIN**, **Re-enter the PIN**, enter your current Campus account **Password** and select the **Submit** button. Your PIN is now saved within Campus and available for use with any documents or forms which require a PIN for signature or verification. To change your PIN, go to the [Account Settings](#) tool.



**E-Signature**

**Create your PIN** ?

PIN  
\*\*\*\*\*

Re-enter PIN  
\*\*\*\*\*

Password  
\*\*\*\*\*

*Creating an E-Signature PIN*

## Step 2. Review the Letter to Household

The application signer must review the Letter to Household prior to beginning the application process. This letter contains important information and guidance about the online Meal Benefits Application.

After you review or print the letter for reference, click the **Next** button to [review the application's instructions](#).

## FRAM Administrators

Letter to Household information and instructions can be modified in the [Letter to Household](#) template within the Online Application Editor (FRAM > Letter Editor, Online Application Editor).

**Meal Benefits Application**

Letter to Household Instructions Signer Confirmation Household Members Children Gross Income Review Authorization Submitted

Letter to Household contains important information you will need during the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue or 'Quit' to stop.

**Letter to Household**

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School] offers healthy meals every school day. Breakfast costs [\$]; lunch costs [\$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$] for breakfast and [\$] for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. 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: [name, address, phone number]. If you would like to complete a paper application instead, you can print a paper application by

Quit Next

Timeout 59:41

*Reviewing the Letter to Household*

## Step 3. Review Application Instructions

The application signer must also review the Application Instructions prior to beginning the application process. These instructions can also be printed and contain important information about the application process and submission.

After you review or print the Application Instructions for reference, click the **Next** button. The [Signer Confirmation](#) screen displays.

## FRAM Administrators

Application Instructions information can be modified in the [Application Instructions](#) template within the Online Application Editor (FRAM > Letter Editor, Online Application Editor).

Meal Benefits Application

Letter to Household
Instructions
Signer Confirmation
Household Members
Children
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Review
Authorization
Submitted

Application Instructions will help guide you through the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue.

### Application Instructions

You are submitting an application for the [insert school year] School Year. Application Instructions will help guide you through the application process.

It is recommended you gather any household income information needed and review your household members in the Household Information section of the Portal for accuracy prior to starting the online application. The USDA's definition of a household member is any child or adult living with you.

An electronic signature PIN is required to submit your online Meal Benefits Application. If you do not have an electronic signature PIN created you will be required to do so prior to starting your online Meal Benefits Application. Prior to

Previous

Next

Timeout  
59:49

*Reviewing the Application Instructions*

## Step 4. Review and Confirm Signer

Once both the Letter to Household and Application Instructions have been reviewed, the person completing the online application must confirm their identity as the application signer.

If the identity information is correct, select the **Next** button.

If the address shown is incorrect and your district has Self Service functionality enabled, you can updated it using the [Household Information](#) tool.

### FRAM Administrators

Signer Confirmation instructions can be modified in the [Application Instructions](#) template within the Online Application Editor (FRAM > Letter Editor, Online Application Editor).

Meal Benefits Application

Letter to Household
Instructions
Signer Confirmation
Household Members
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Submitted

Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Quit' if you are not this person or if you do not wish to continue.

---

**Smith, Jason** you have been identified as the household member signing this Meal Benefits Application.

You are applying for meal benefits for all household members living at the address below. If the address is incorrect, please contact your child(ren)'s school to request a change.

**Primary Address:**  
123 Main Street  
Metro City, MN 55432

Quit
Previous
Next

Timeout  
57:55

Verifying the Signer's Identity

## Step 5. Confirm Household Members

The application signer must confirm all people living within their household.

Mark the checkbox next to the name of each person within your household. Once all members have been marked, select the **Next** button.

If a person is listed that should not be considered a household member, do not mark the checkbox next to their name. This does not remove them from the household within Campus, but does exclude them from the application.

In order to complete the remaining steps of the application process, it is critical Household members are identified.

### FRAM Administrators

Household Members information can be modified in the [Application Instructions](#) template within the Online Application Editor.

Campus considers the Eligibility Effective date when populating the student's School. If there

are overlapping enrollments within the same calendar year, Campus uses the school from the most recent enrollment.

Meal Benefits Application

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Authorization
Submitted

Household Members are listed below. You must confirm each person living in your household by selecting the check box next to their name. If a person listed below is no longer living in your household, do not check the box next to their name. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information or uncheck the application signer. After you have identified and/or added household members select 'Next' to continue.

| Name                                                            | Gender | DOB        | School      | Grade |
|-----------------------------------------------------------------|--------|------------|-------------|-------|
| <input checked="" type="checkbox"/> Smith , James John (Signer) | F      |            |             |       |
| <input checked="" type="checkbox"/> Smith , Jane Marie          | F      |            |             |       |
| <input checked="" type="checkbox"/> Smith , John Anthony        | M      | 01/01/1995 | Senior High | 12    |
| <input checked="" type="checkbox"/> Smith , Susie Marie         | F      | 04/01/2011 |             |       |

If you need to add additional household members click here. [Add Household Member](#)

[Previous](#) [Next](#)

Timeout 59:50

Verifying Household Members

## Adding a Household Member

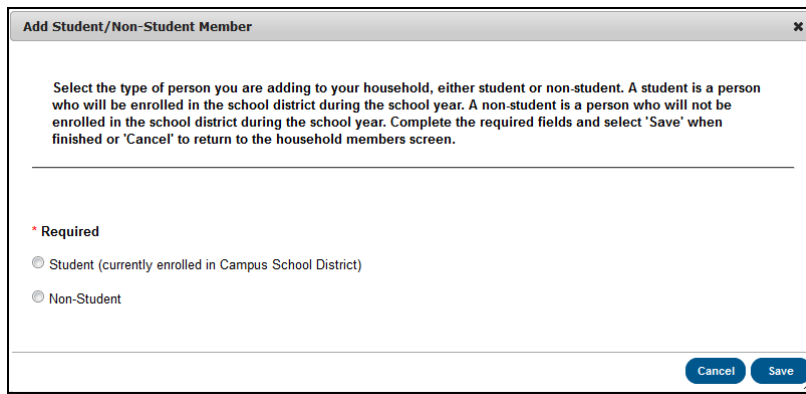
If a household member does not appear in the list, you can manually add them. This often occurs when someone has just moved into the household or the person filling out the application does not have access to a specific family member within the Portal.

The manually added student household member must exist in Campus at the time the FRAM Processor processes the application. If the manually added student member does not exist within Campus, the application cannot be processed and must be suspended if the district cannot confirm the validity of the student member.

1. Click the **Add Household Member** button.

### Result

The **Add Student/Non-Student Member** editor displays.



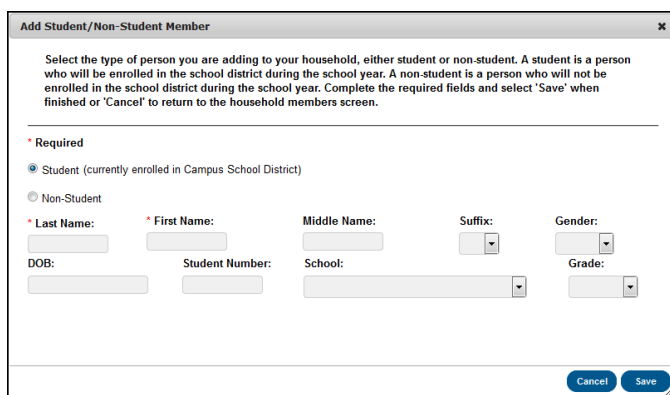
2. Select whether the person is a **Student or Non-Student** and click the Save button.

A Student is a household member who will be enrolled in the district during the school year.

A Non-Student is any household member who will not be enrolled in the district during the school year.

## Result

The **Add Student/Non-Student Member** window displays.

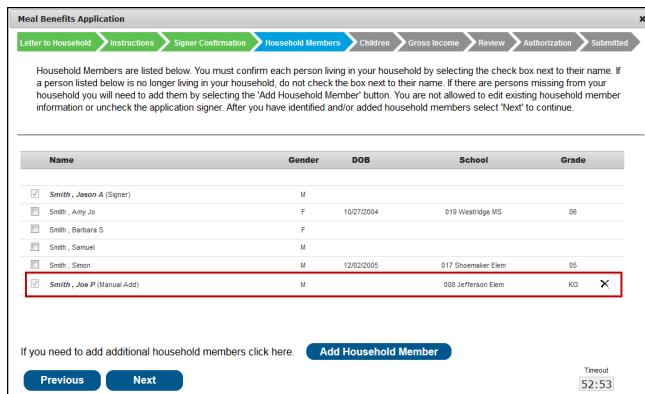


3. Enter information about the household member in all required fields and select the **Save** icon. Required fields display with a red asterisk.

## Result

The Household Members Confirmation screen displays. The added household member appears on the Household Members screen with the words (Manual Add) appearing after the person's name. To remove the person from the household, select the black X on the far right of the screen.

The School and Grade (and Student Number, if known) fields are important for application processing as the FRAM Processor uses these fields to better identify and match this student to records within Campus.



Meal Benefits Application

1. Enter to Household 2. Instructions 3. Signer Confirmation 4. Household Members 5. Children 6. Gross Income 7. Review 8. Authorization 9. Submitted

Household Members are listed below. You must confirm each person living in your household by selecting the check box next to their name. If a person listed below is no longer living in your household, do not check the box next to their name. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information or uncheck the application signer. After you have identified and/or added household members select 'Next' to continue.

| Name                                                          | Gender | DOB        | School             | Grade |
|---------------------------------------------------------------|--------|------------|--------------------|-------|
| <input checked="" type="checkbox"/> Smith, Jason A (Signer)   | M      |            |                    |       |
| <input type="checkbox"/> Smith, Abby Jo                       | F      | 10/27/2004 | 019 Westridge MS   | 06    |
| <input type="checkbox"/> Smith, Barbara S                     | F      |            |                    |       |
| <input type="checkbox"/> Smith, Samuel                        | M      |            |                    |       |
| <input type="checkbox"/> Smith, Simon                         | M      | 12/02/2005 | 017 Shoemaker Elem | 05    |
| <input checked="" type="checkbox"/> Smith, Joe P (Manual Add) | M      |            | 008 Jefferson Elem | KG    |

If you need to add additional household members click here. [Add Household Member](#)

[Previous](#) [Next](#)

Timeout 52:53

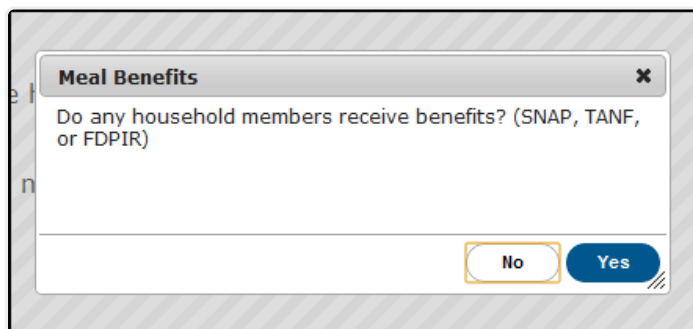
4. Once all household members have been identified, select the **Next** button.

## Step 6. Indicate Meal Benefits

Once household members have been identified, the application signer is asked whether any household members receive SNAP, TANF or FDIPIR benefits.

### FRAM Administrators

Acronyms for SNAP, TANF and FDIPIR are USDA-specific and can be changed to meet state-specific needs using the [FRAM Preferences tool](#).



Meal Benefits

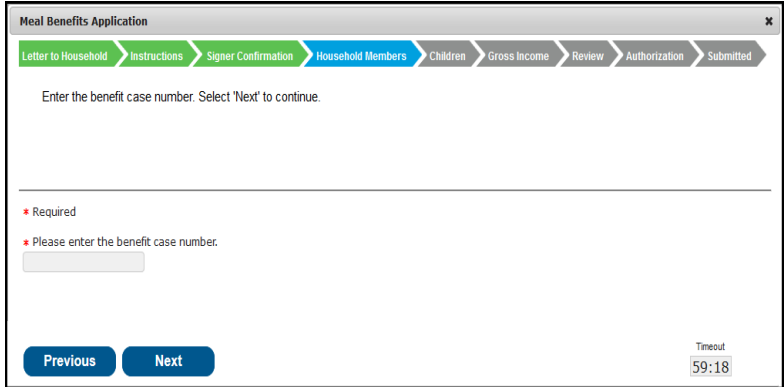
Do any household members receive benefits? (SNAP, TANF, or FDIPIR)

[No](#) [Yes](#)

*Identifying SNAP, TANF or FDIPIR Benefits*

| If household member(s)... | Then...                                                                                       |
|---------------------------|-----------------------------------------------------------------------------------------------|
| do NOT receive benefits   | click <b>No</b> . You will be directed to the Children screen ( <a href="#">see Step 7</a> ). |



| If household member(s)...               | Then...                                                                                                                                                           |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DO receive SNAP, TANF or FDPIR benefits | <p>click <b>Yes</b>. Enter the benefit case number then click <b>Next</b>.</p>  |

## Step 7. Confirm Child Household Members

Now that household members have been established, children in the household must be identified. Mark the checkbox next to the name of each child household member then click Next.

If a household member is marked as a Child but does not have a current enrollment record in the district, a confirmation message displays after you click **Next**. On the confirmation message, you can correct any errors before continuing.

▶ [Click here to expand...](#)

### FRAM Administrators

Child Member instructions can be modified in the [Application Instructions](#) template within the Online Application Editor.

Meal Benefits Application

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Student Members of the household must be confirmed by selecting the check box next to their name. A student is a person who will be enrolled in the school district during this school year. Non-student members should not be selected. After you have identified student members select 'Next' to continue.

| Name                                                               | Gender | DOB        | School                | Grade |
|--------------------------------------------------------------------|--------|------------|-----------------------|-------|
| <input type="checkbox"/> Smith , James John (Signer)               | F      |            |                       |       |
| <input type="checkbox"/> Example , Parent (Manual Add)             | F      |            |                       |       |
| <input checked="" type="checkbox"/> Example , Student (Manual Add) | M      | 1/1/1996   | Willmar Middle School | 08    |
| <input type="checkbox"/> Smith , Jane Marie                        | F      |            |                       |       |
| <input checked="" type="checkbox"/> Smith , John Anthony           | M      | 01/01/1995 | Willmar Senior High   | 12    |
| <input checked="" type="checkbox"/> Smith , Susie Marie            | F      | 04/01/2011 |                       |       |

Previous
Next

Timeout  
59:35

Identifying Child Household Members

## Step 8. Indicate Foster Children

Once student household members have been identified, the application signer must indicate whether any of the student household members are foster children.

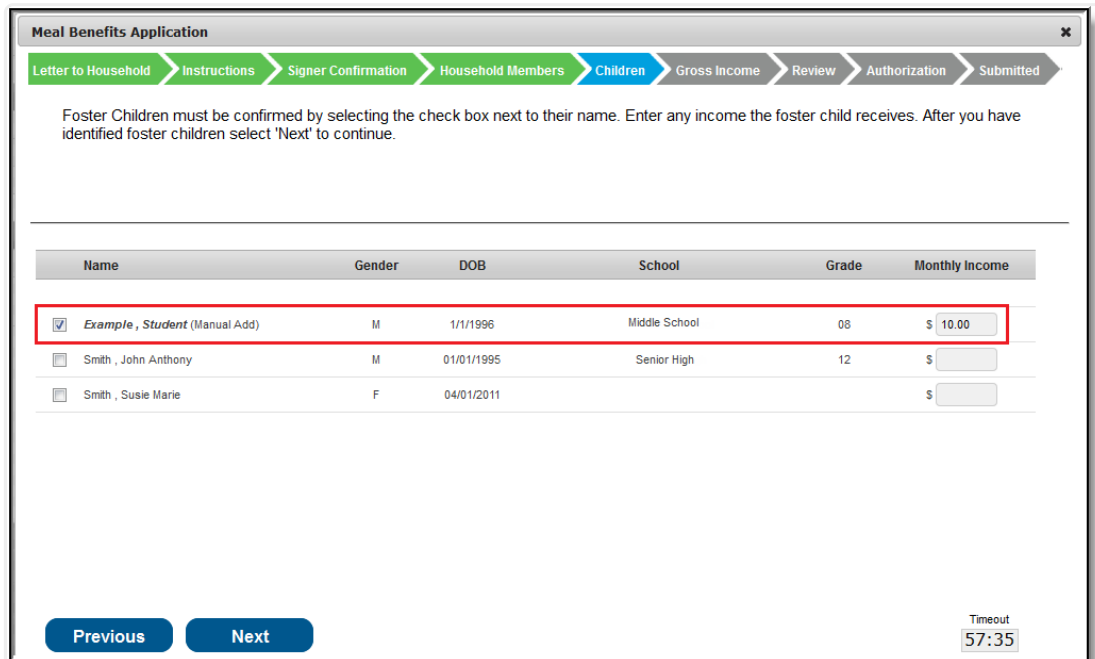
| Gender | DOB        | School |
|--------|------------|--------|
| M      |            |        |
| M      |            |        |
| F      | 04/01/2011 |        |

Foster Children
Are any of the students foster children?
No
Yes

Identifying Student Foster Children

| If a household member... | Then...                                                                                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IS a foster child        | click <b>Yes</b> . Mark the checkbox next to the name of each student household member that is a foster child, enter their <b>Monthly Income</b> and select the <b>Next</b> button. |

| If a household member...     | Then...                           |
|------------------------------|-----------------------------------|
| is <b>NOT</b> a foster child | click <b>No</b> and go to step 9. |



**Meal Benefits Application**

Letter to Household > Instructions > Signer Confirmation > Household Members > **Children** > Gross Income > Review > Authorization > Submitted

Foster Children must be confirmed by selecting the check box next to their name. Enter any income the foster child receives. After you have identified foster children select 'Next' to continue.

| Name                                                              | Gender | DOB        | School        | Grade | Monthly Income |
|-------------------------------------------------------------------|--------|------------|---------------|-------|----------------|
| <input checked="" type="checkbox"/> Example, Student (Manual Add) | M      | 1/1/1996   | Middle School | 08    | \$ 10.00       |
| <input type="checkbox"/> Smith, John Anthony                      | M      | 01/01/1995 | Senior High   | 12    | \$             |
| <input type="checkbox"/> Smith, Susie Marie                       | F      | 04/01/2011 |               |       | \$             |

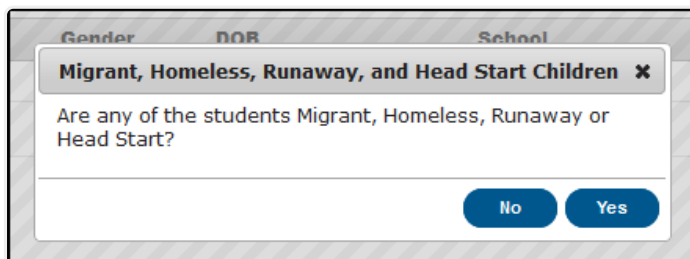
Previous Next

Timeout 57:35

Selecting Foster Children

## Step 9. Indicate Migrant, Homeless, Runaway, and Head Start Children

Once Foster students are identified, the application signer must indicate whether any of the student household members are Migrant, Homeless, Runaway, or Head Start children.

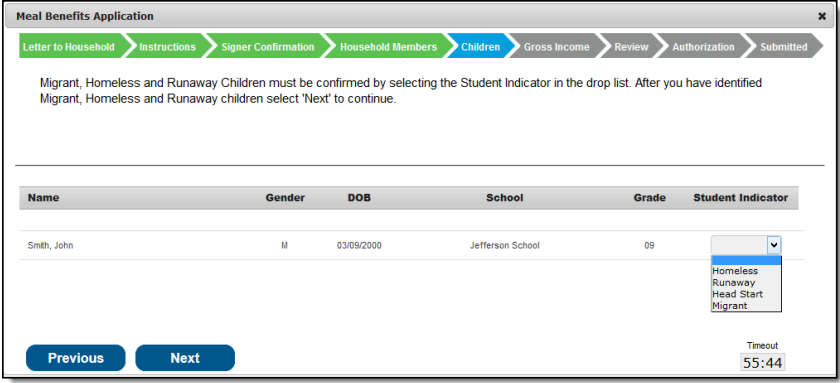


**Migrant, Homeless, Runaway, and Head Start Children**

Are any of the students Migrant, Homeless, Runaway or Head Start?

No Yes

Prompt for Migrant, Homeless, Runaway, or Head Start Children

| If a household member...                                 | Then...                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IS a Migrant, Homeless, Runaway, or Head Start child     | <p>click <b>Yes</b>. Select one of the following options from the Student Indicator dropdown for the appropriate student(s) then click <b>Next</b>:<br/>Homeless, Runaway, Head Start, Migrant.</p>  |
| is NOT a Migrant, Homeless, Runaway, or Head Start child | click <b>No</b> and go to step 10.                                                                                                                                                                                                                                                     |

## Step 10. Enter Household Gross Income

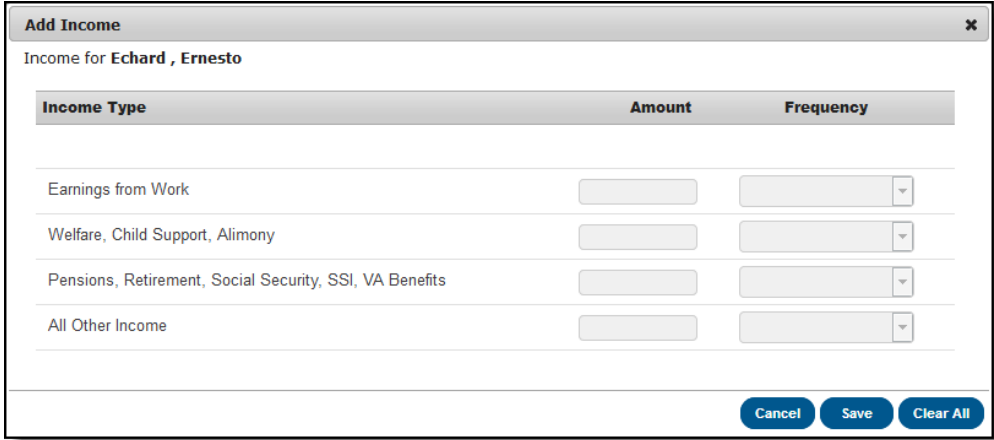
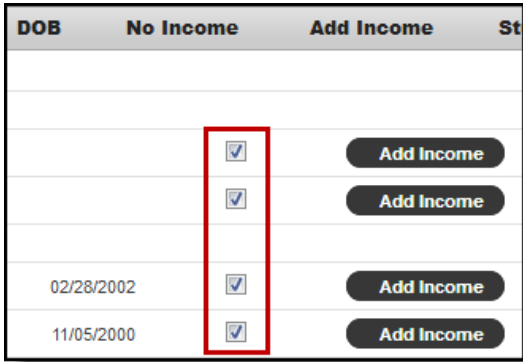
Now that household members have been identified, income must be entered for each member.

### FRAM Administrators

Household Income Instructions information can be modified in the [Application Instructions](#) template within the Online Application Editor.

Per USDA policy, income may only include whole dollar amounts.

| If... | Then... |
|-------|---------|
|-------|---------|

| If...                                       | Then...                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| you want to enter income information        | <p>indicate each household member's income by selecting the <b>Add Income</b> button and entering their income amount.</p>  <p><b>OR</b></p> <p>Mark the <b>No Income</b> checkbox for each household member that has no income.</p>  <p>Once all household member income is entered, click <b>Next</b>.</p> |
| you do NOT want to enter income information | <p>click <b>Next</b>.</p> <p>If income is not specified, <b>you are certifying that you have no income to report</b>. Your application will be processed as No Income and be approved for free benefits.</p>                                                                                                                                                                                                                                                                     |

Meal Benefits Application

Letter to Household
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If a Student Indicator has been selected for every student, income information is not required. Providing your income information may help with the district verification process. For each Adult 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 enter '0' or leave any fields blank, you are certifying that there is no income to report.

| Name                          | Gender | DOB        | No Income                           | Add Income  | Student Indicator | Total Income      |
|-------------------------------|--------|------------|-------------------------------------|-------------|-------------------|-------------------|
| Non-Student Household Members |        |            |                                     |             |                   |                   |
| Smith , Robert (Signer)       | M      |            | <input type="checkbox"/>            | Add Income  |                   |                   |
| Smith , Alexandra             | F      | 11/10/1994 | <input checked="" type="checkbox"/> | Add Income  |                   |                   |
| Student Household Members     |        |            |                                     |             |                   |                   |
| Smith , Mariana               | F      | 03/09/2000 | <input type="checkbox"/>            | Edit Income | Foster            | \$10.00 (Monthly) |

Previous
Next

Timeout  
55:22

Indicating Household Member Income

## Step 11. Review Household Information for Accuracy

Now that household members (and their benefits) have been identified, household information must be reviewed for accuracy.

The **Total Income** column lists the total amount of money each household member makes based on the frequency noted (i.e., monthly, yearly, etc). Frequencies listed in this column are automatically annualized across all members. The **Total Household Income** field indicates the total amount of income the household (all members included) earns per year. The **Total Household Size** indicates the total amount of members within the household.

Review all the information on the screen and if it is accurate, select the **Next** button. If this information is incorrect, select the **Previous** button to go back to the previous step and correct inaccurate information.

### FRAM Administrators

Review information can be modified in the [Application Instructions](#) template within the Online Application Editor.

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Review the household information below for accuracy. If any of the information is incorrect, select 'Previous' to go back and correct the data. After household information is reviewed select 'Next' to continue.

| Name                                                | Gender | DOB        | School                | Grade | Benefits | Student Indicator | Total Income               |
|-----------------------------------------------------|--------|------------|-----------------------|-------|----------|-------------------|----------------------------|
| <b>Non-Student Household Members</b>                |        |            |                       |       |          |                   |                            |
| Smith , James John (Signer)                         | F      |            |                       |       |          |                   | \$1,500.00 (Twice a Month) |
| Example , Parent (Manual Add)                       | F      |            |                       |       |          |                   | \$0.00                     |
| Smith , Jane Marie                                  | F      |            |                       |       |          |                   | \$100.00 (Monthly)         |
| <b>Student Household Members</b>                    |        |            |                       |       |          |                   |                            |
| Example , Student (Manual Add)                      | F      | 1/1/1996   | Willmar Middle School | 08    |          | Foster            | \$10.00 (Monthly)          |
| Smith , John Anthony                                | M      | 01/01/1995 | Willmar Senior High   | 12    |          |                   | \$0.00                     |
| Smith , Susie Marie                                 | F      | 04/01/2011 |                       |       |          |                   | \$0.00                     |
| <b>Total Household Income: \$37,320.00 (Yearly)</b> |        |            |                       |       |          |                   |                            |
| <b>Total Household Size: 6</b>                      |        |            |                       |       |          |                   |                            |

Previous
Next

Timeout  
59:17

Reviewing Household Information for Accuracy

## Step 12. Authorize Household Application

Now that all household information has been entered and confirmed as accurate, the household application must be authorized.

### FRAM Administrators

Authorization information can be modified in the [Application Instructions](#) template within the Online Application Editor.

### Example

Meal Benefits Application

You must proceed to obtain appropriate written consent and must file the authorization statement below. By selecting 'Next' you agree to the authorization statement and you will be taken to the Electronic Signature (ES) entry screen to submit the application.

By selecting 'Decline' you do not agree to the authorization statement. The application will be cancelled and your information will no longer be available. If you choose to 'Decline' you may enter another application at any time.

Sharing Information with Medicaid/SCHIP

Because health insurance is an important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced-cost meals. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filing out the Meal Benefits Application does not automatically enroll your children in health insurance.

If you do not want your school district to share your information with Medicaid or SCHIP please select 'No' below.

Allow my district to share my Meal Benefits Application information with Medicaid? ☐ Yes ☐ No

Allow my district to share my Meal Benefits Application information with SCHIP? ☐ Yes ☐ No

Sharing Information with Other Programs

If your child is eligible for free or reduced-cost meals, he or she may also qualify to receive other benefits. You must give your permission for us to share your child's name and meal eligibility status with staff in charge of other school programs.

Filing out the Meal Benefits Application does not automatically qualify your child(ren) to receive other benefits.

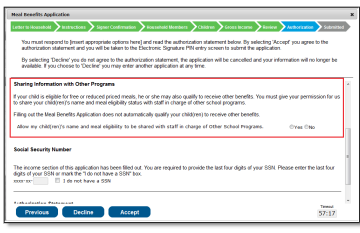
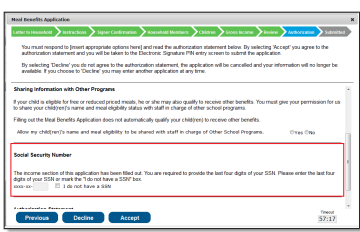
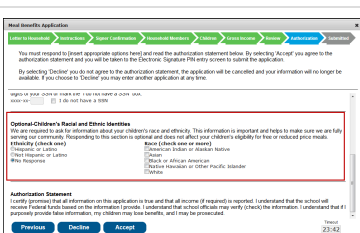
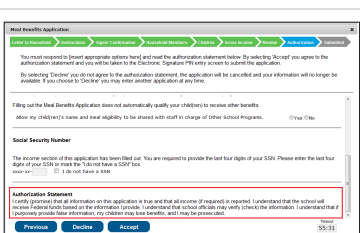
☐ Yes ☐ No

Previous
Decline
Accept

Timeout  
59:43

### Description

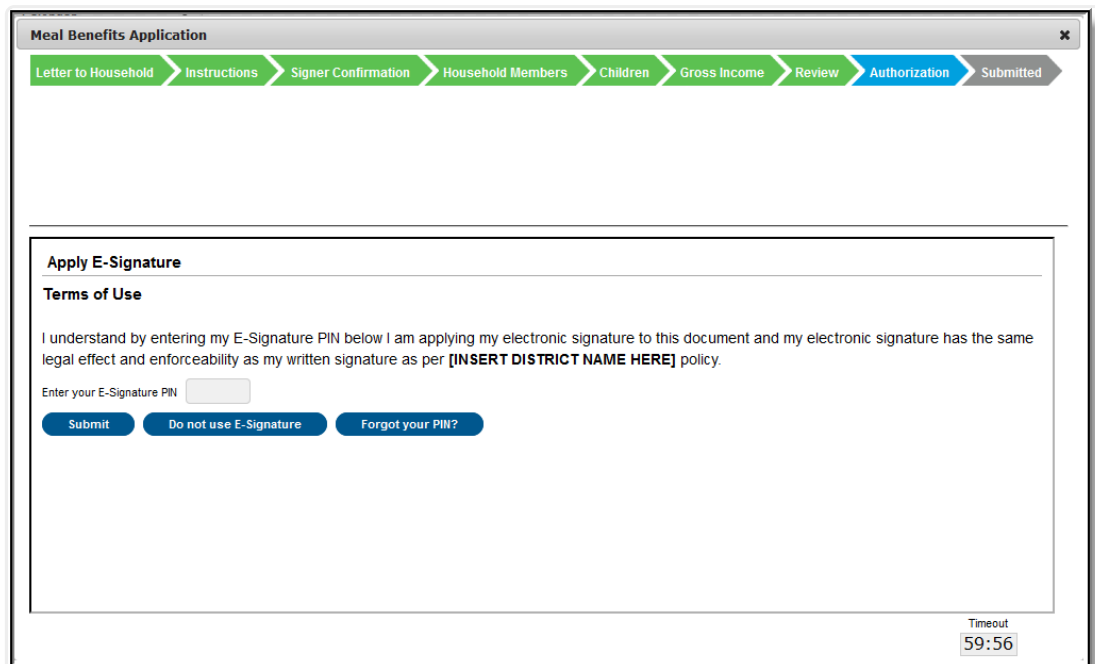
The first step in the authorization process is to indicate whether you give your district permission to share your Medicaid or SCHIP information with Medicaid and SCHIP. Select the Yes or No radio buttons for each question.

| Example                                                                             | Description                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <p>If your district has created benefit permissions, you will be asked whether you consent to the district sharing your child's name and meal eligibility with each benefit program. Select the <b>Yes</b> or <b>No</b> radio button for each question shown in the Sharing Information with Other Programs section.</p> |
|    | <p>You must provide Social Security information. Enter the last four digits of your SSN or mark the "I do not have a SSN" box.</p>                                                                                                                                                                                       |
|    | <p>This section is optional and informational only. Responding to this section does not affect your children's eligibility for free or reduced price meals.</p>                                                                                                                                                          |
|   | <p>Review the Authorization Statement. If you agree with this statement, believe all entered information is accurate and would like to complete the application process, select the <b>Accept</b> button.</p>                                                                                                            |
|  | <p>If you do not agree with the application and Authorization Statement, select the <b>Decline</b> button. If the Decline button is selected, a message will appear warning you the application process will be cancelled and all application information entered will be deleted.</p>                                   |

## Step 13. Electronically Sign the Household Application

Once you have reviewed the application and agreed to the Authorization Statement, you must review the Terms of Use.





**Meal Benefits Application**

Letter to Household > Instructions > Signer Confirmation > Household Members > Children > Gross Income > Review > **Authorization** > Submitted

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**Apply E-Signature**

**Terms of Use**

I understand by entering my E-Signature PIN below I am applying my electronic signature to this document and my electronic signature has the same legal effect and enforceability as my written signature as per [INSERT DISTRICT NAME HERE] policy.

Enter your E-Signature PIN

**Submit** **Do not use E-Signature** **Forgot your PIN?**

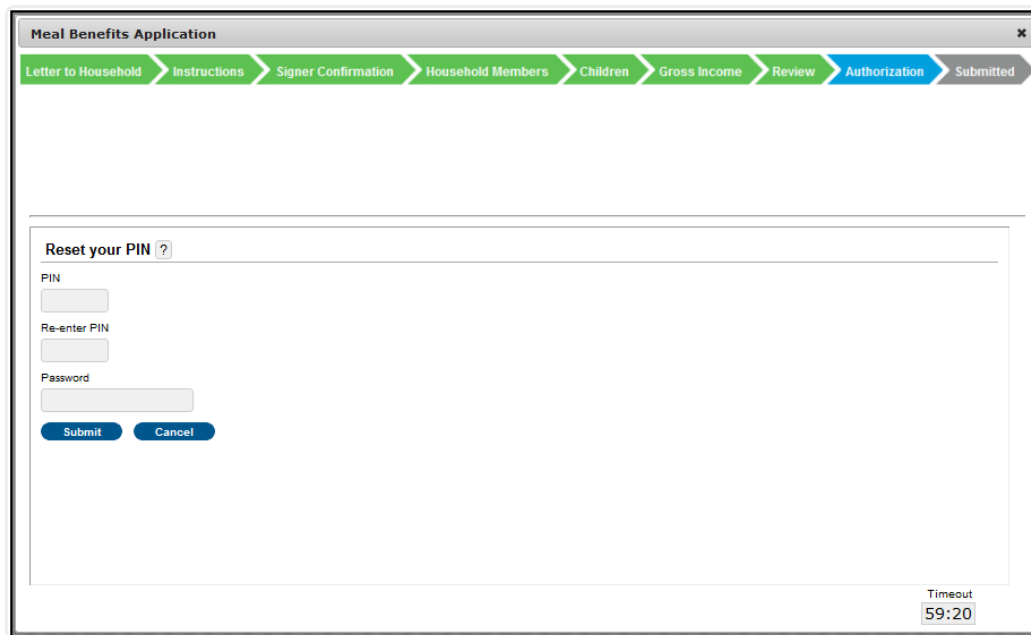
Timeout  
59:56

*Terms of Use and Entering E-Signature PIN*

If you agree to the Terms of Use and would like to sign the document with you legally-binding E-Signature, **Enter your E-Signature PIN** and select **Submit**.

If you do not want to electronically sign the application, select the **Do not use E-Signature** button. This action will cancel the application due to the need for the application to have a legally-binding electronic signature in order to meet state and federal guidelines

If you forgot your PIN, click the **Forgot you PIN** button. You will be redirected to the Reset your PIN editor where you can reset your PIN.



*Resetting a Forgotten PIN*

## Step 14. Review and Print Submission Notice

The application has now been submitted to the district for processing.

### FRAM Administrators

Submission Notice information can be modified in the [Submitted template](#) within the Online Application Editor.

Meal Benefits Application

Letter to Household
Instructions
Signer Confirmation
Household Members
Children
Gross Income
Review
Authorization
Submitted

Your Meal Benefits Application has been submitted. Please print this page for your records. This will include the information you provided on your application. A submission notice and final summary report has also been sent to your Portal Process Inbox. You may 'Quit' or safely close out of the application at this time.

| Meal Benefits Application Report     |        |            |                       |       |          |                   |                            |
|--------------------------------------|--------|------------|-----------------------|-------|----------|-------------------|----------------------------|
| Name                                 | Gender | DOB        | School                | Grade | Benefits | Student Indicator | Total Income               |
| <b>Non-Student Household Members</b> |        |            |                       |       |          |                   |                            |
| Example, Parent                      | F      |            |                       |       |          |                   | No Income                  |
| Smith, James John                    | F      |            |                       |       |          |                   | \$1,500.00 (Twice a Month) |
| Smith, Jane Marie                    | F      |            |                       |       |          |                   | \$100.00 (Monthly)         |
| <b>Student Household Members</b>     |        |            |                       |       |          |                   |                            |
| Example, Student                     | F      | 01/01/1996 | Willmar Middle School | 08    |          | Foster            | \$10.00 (Monthly)          |
| Smith, John Anthony                  | M      | 01/01/1995 | Willmar Senior High   | 12    |          |                   | No Income                  |

Quit
Timeout 55:12

Application Submission Notice

You may print and/or save the Confirmation Submission Notice and the Benefits Application Summary Report for your records. You may also access this information in your Inbox.

Announcements
Inbox (1 new)

☐ Delete

☐ Your Meal Benefits Application has been submitted for processing. NEW 10/11/2018

Message
Delete

**Thank you for submitting your Meal Benefits Application.**

**Your Reference # is: 976**

You will need this number if you have any questions about your Meal Benefits Application.

Application review may take up to 10 business days. Please do not submit another online or paper application as this may delay processing. You will be notified of the outcome of your application status.

UNTIL YOUR APPLICATION IS PROCESSED, YOU ARE REQUIRED TO PAY FOR YOUR CHILD(REN)'S SCHOOL MEALS.

If you have any further questions, please contact (name) at (phone number).

Print Report

Inbox Message Indicating Meal Benefits Application Submission

Your Inbox will contain a message indicating submission of the Meal Benefits Application. Select the link to review the Confirmation Submission Notice and the Application Summary Report. The FRAM Processor(s) will also receive an Inbox notice indicating your application was submitted.

After the FRAM Processor has processed the application, you will receive an Inbox message indicating the application was processed. If your district has enabled the Include Approval/Denial Letter [FRAM Preference](#), you will receive an Inbox message containing a PDF copy of your Approval/Denial Letter which indicates whether the application was approved or denied.

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