

# **FREE/REDUCED MEAL BENEFITS** Steps to Complete Online Application

# Log into your PARENT PORTAL on INFINITE CAMPUS

Campus			
Message Center	More		
Today			
Calendar	Demographics	>	Click on
Attendance	Important Dates	>	MORE
Schedule	Meal Benefits	>	then
Fees	Online Registration	>	MEAL BENEFITS
Documents			
More			

#### Click to start the application process

Message Center	✓ Back
Today	Applications/Forms
Calendar	Meal Benefits Application click here to start the application process.
Attendance	Reports on this page require the Adobe Acrobat Reader (free).
Schedule	
Fees	

## Click on Yes to create and electronic Signature PIN



#### Create your PIN and enter your Parent Portal Password, then click Submit

E-Signature		
Create your F	IN 🕜	
PIN		
•••••		
Re-enter PIN		
•••••		
Password		
[		
Submit	Cancel	

## For your PIN:

Enter five (5) letters, numbers or special characters (!@#%^&\*+?~|=).

You must have at least one each of two of the types.

The application will open. The sections will appear at the top and turn to green as you complete them. Follow the directions at the top of each page, then click on next to continue.

There is a 60 minute timer for each section. If you do not complete the section before the time is up, the application will close and you will have to start the process again.

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l Benefits Application		×
er to Household <b>&gt;</b> Instructions <b>&gt;</b> Signer Co	nfirmation $igstriangle$ Household Members $igstriangle$ Children $igstriangle$ Gross Income $igstriangle$	Review Authorization Subm tted
Letter to Household contains important in	formation you will need during the application process. You ma	ay print a PDF of this letter by
selecting the print icon. Select 'Next' to co	ontinue or 'Quit' to stop.	
	1 / 3   - 110% +   🗄 👌	± 🖶 :
	Letter to Household	
Dear Parent/Guardian:		
Children need healthy meals to lear	n. Gahanna-Jefferson Public Schools offers healthy meals every sch ren may qualify for free meals or for reduced price meals. Reduced t	nool day. Breakfast
and [\$] for lunch. This packet includ Below are some common questions	es an application for free or reduced price meal benefits, and a set of and answers to help you with the application process.	of detailed instructions.
	DUCED PRICE MEALS?	
<ol> <li>WHO CAN GET FREE OR RE</li> </ol>		

Check the box for each person still living in the household.

Benefits Application				
r to Household <b>Instructions</b> Signer Co	nfirmation Household Membe	rs Children	Gross Income Review Au	thorization <b>Submitte</b> d
Household Members are listed below. You f a person listed below is no longer living nousehold you will need to add them by s nember information or uncheck the applic	I must confirm each person liv in your household, do not che electing the 'Add Household N ation signer. After you have ic	ving in your housel teck the box next to Aember' button. Yo Jentified and/or ad	hold by selecting the check bo their name. If there are perso bu are not allowed to edit exist ded household members select	x next to their name. ns missing from your ing household ct 'Next' to continue.
Name	Gender	DOB	School	Grade
(Signer)	F			
	М			
d and a second se	М		Jefferson Elementary	04
6 <b></b> 6	F			
			Jefferson Elementary	04
	F			

# Ocassionally, additional questions may appear – answer appropriately

Meal Benefits	×
Do any household members receive b FDPIR)	enefits? (SNAP, TANF, or
	No Yes

On the Children Tab, check the box for all household members who are 18 and under

tter to Household 💫 Instructions 🔷 Signer Cou		Children	es Income Deview Author	ization Submitt
Child Members of the household must be	confirmed by selecting the check	k hox next to their	name. Children are those mem	bors ago 18 or
under AND are supported with the househ	old's income. After you have ide	ntified each child r	nember, select 'Next'.	ibers age 10 0i
	,		,	
Namo	Conder	DOB	School	Grado
Hame	Gender	000	301001	Grade
(Signer)	F			
🗹 sama ang kanalang	м		Jefferson Elementary	04
	F			

Check the box for any member without an income, click on add income for those that do

Meal Benefits Application Letter to Household Instructions If a Benefit or Student indicator is with the district verification proce do not receive income from any se	Signer Confirmation s selected for any ss. For each Adul source, write '0'. If	Household student, inco t Household you enter '0	old Members Cl ome information i Member, eport t I' or leave any fiel	nildren Gross Inc. s not required. Pro- he total income fo ds blank, you are	Review A widing your income i r each source in who certifying that there i	uthorization Submitted Information may help be dollars only. If they s no income to report.
Name	Gender	DOB	No Income	Add Income	Student Indicator	Total Income
Adult Household Members	F			Add Income		
Child Household Members	М	ET THE		Add Income		
Previous Next						Timeout 51:22

Enter the income amount and the frequency

with the d do not re	Istnet ventication process. For each Adult Household Member,	only if they report		
110	Add Income Income for S			• 0000 000000
44	Income Tune	Amount	Economica	XIIIII
lame	income type	Amount	riedsency	
dull Househo	Earnings from Work	28,000	×	
Schilling , P	Welfare, Child Support, Alimony		Weekly	111/19/00/00
Schilling , Mr hild Househo	Pensions, Retirement, Social Security, SSI, VA Benefits		Every Two Weeks Twice a Month Monthly	
Schilling , Ca	All Other Income		Yearly	000000000
				000000000
			Cancel Save Clear	•

#### Complete all sections on the Authorization tab



#### Enter your E-Signature PIN and click on Submit

