

# schoolcafé

## Quick Card

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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

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

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 (promise) that the information I provide is true and that I understand the terms and conditions of this application.

☐ 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

Edit Application Information

Click to Certify your Information is Correct

Students

Assistance

Household

Review

Details

Submit

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

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## Quick Card

Students Already Added will  
Populate and can be Selected here

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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

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### Assistance

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

☐ Yes ☒ No

Previous

English

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

### 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

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

6

English



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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## Quick Card

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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

Selected Students for Application

#### 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

Enter the Last Four Digits of your SSN (if required)

Return to Previous Steps to Adjust Any Information

Assistance Information

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 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

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

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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 Meals									
STEP 1 - All Children in the Household									
Student ID	Last name	First name	MI	DOB	Student?	School Code	Grade	Direct Approval	
100081					<input checked="" type="checkbox"/>				
100732					<input checked="" type="checkbox"/>				
STEP 2 - Assistance Programs									
Do any household members (including you) currently participate in SNAP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If you answered NO - Complete STEP 3. If you answered YES - Complete STEP 4.									
STEP 3 - All Household Member Income (Skip this step if you answered "yes" in STEP 2)									
Please read How to Apply for Free and Reduced Price School Meals for more information. The "Signatures of Income for Children" section will only be used with the Child Income Questionnaire. The "Signatures of Income for Adult" section will only be used with Adult Household Member section.									
At least all household members (including you) must report their income. If you 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 (Children and Adults)	3								
Last Four Digits of Social Security Number (if any of Primary Wage Earner or Another Adult Household Member) ***-**-1234 Check if no SSN <input type="checkbox"/>									
STEP 4 - Contact Information and Adult Signatures									
I hereby declare that all information on this application is true and that all income is reported. I understand that this information is given in confidence and that the results of this application will be used only for the purpose of determining eligibility for free and reduced price school meals. My children may lose their 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				
Bob Smith					[Signature]				
Street Address (if available)					City State ZIP Code				
878 Easy St					Palmer AK 99345				
Home Phone Number					Work Phone Number Email				
207-435-8545					bbsmith@primeschools.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

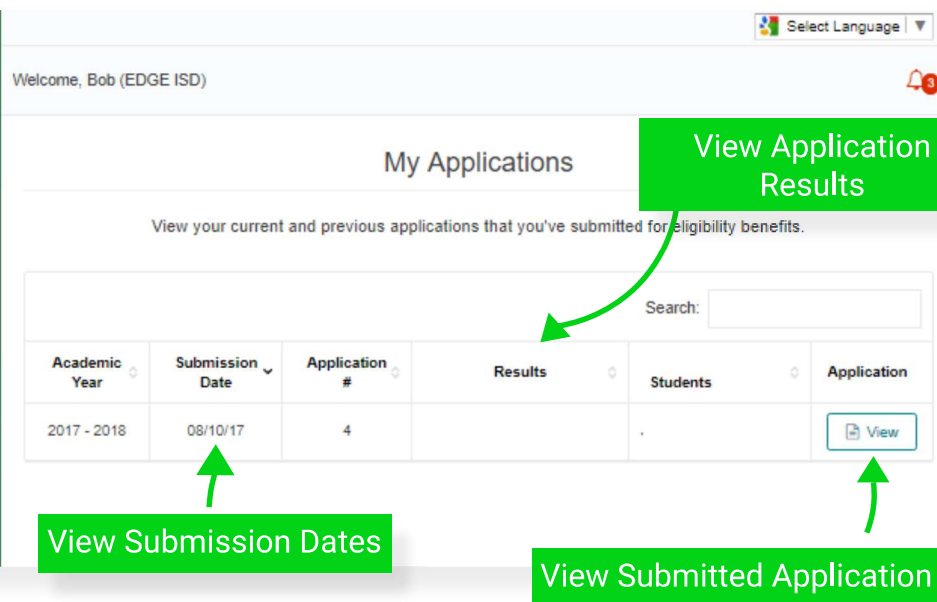
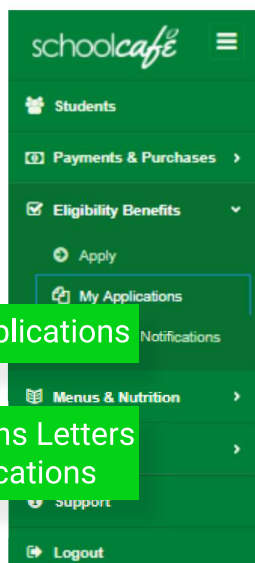
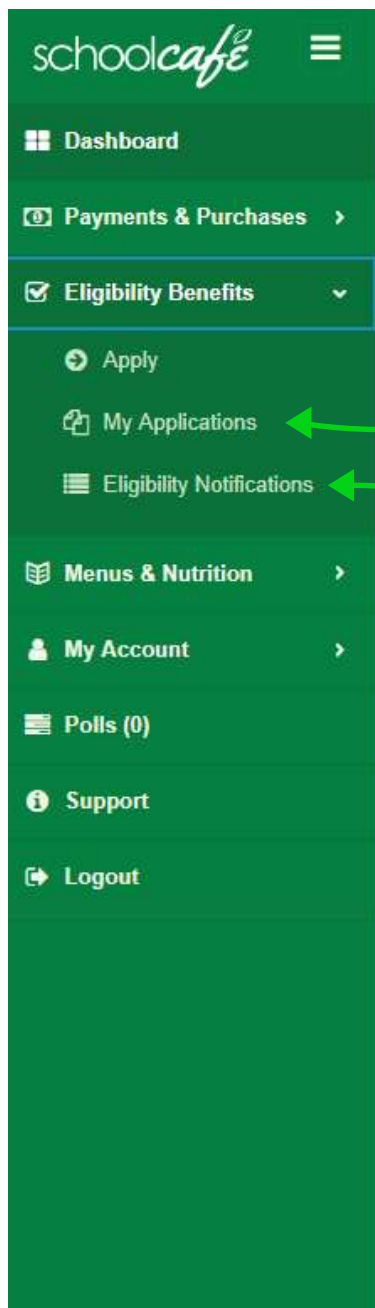
Print Download

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

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Welcome, Bob (EDGE ISD)

### My Applications

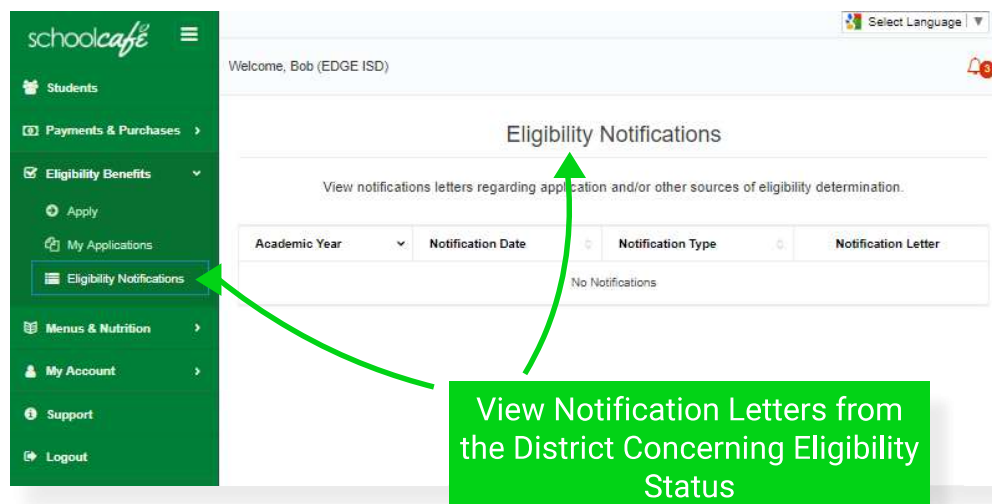
View your current and previous applications that you've submitted for eligibility benefits.

Search:

Academic Year	Submission Date	Application #	Results	Students	Application
2017 - 2018	08/10/17	4			<a href="#">View</a>

Annotations:

- View Previous Applications** points to the 'My Applications' menu item.
- View Submission Dates** points to the 'Submission Date' column header.
- View Application Results** points to the 'Results' column header.
- View Submitted Application** points to the 'View' button in the 'Application' column.



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			

Annotations:

- View Notification Letters from the District Concerning Eligibility Status** points to the 'Eligibility Notifications' menu item.