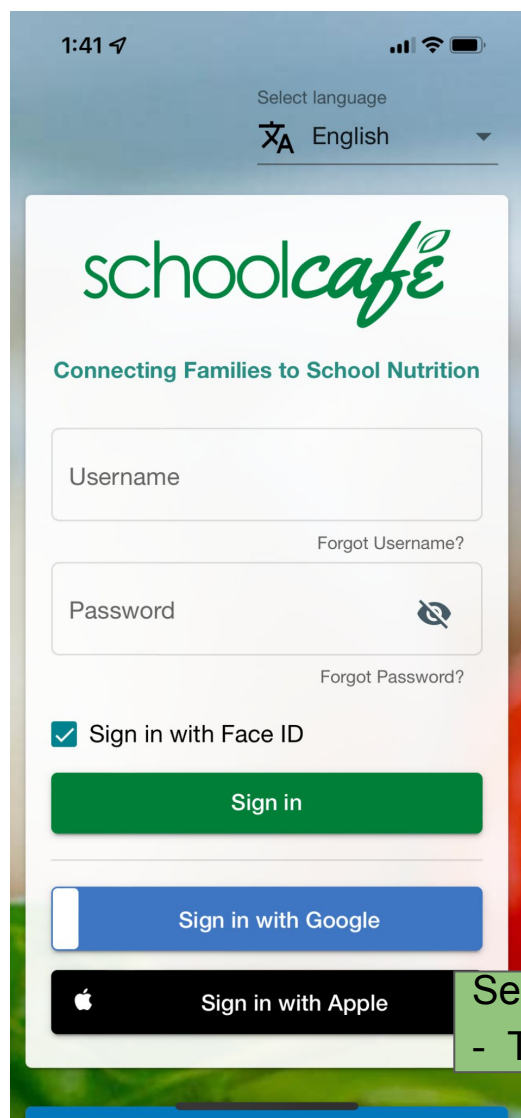


Para completar una solicitud para almuerzos gratis o reducidos, necesitará una cuenta en School Cafe.

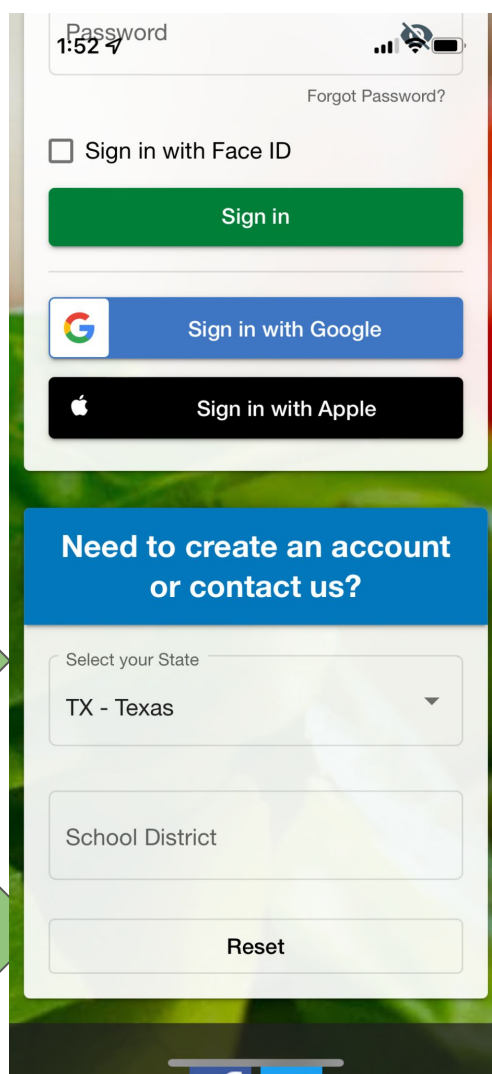
Paso 1: en su tienda de aplicaciones, descargue la aplicación School Cafe.

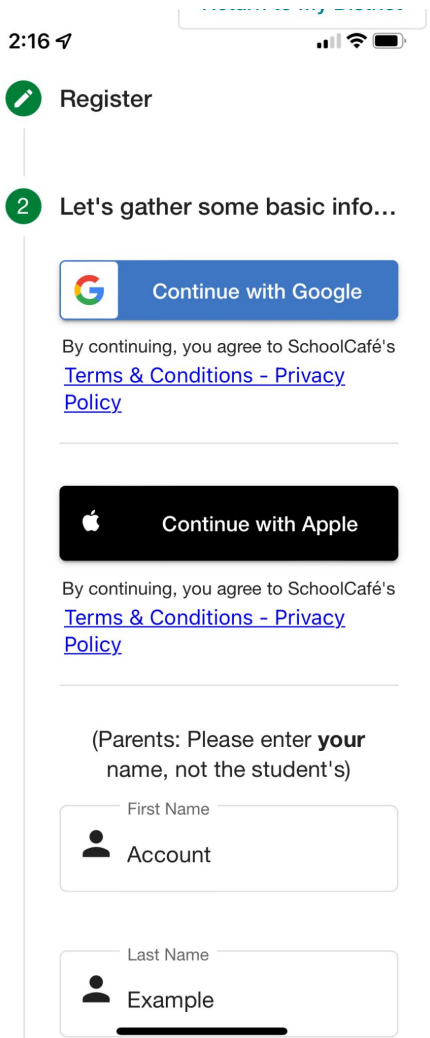
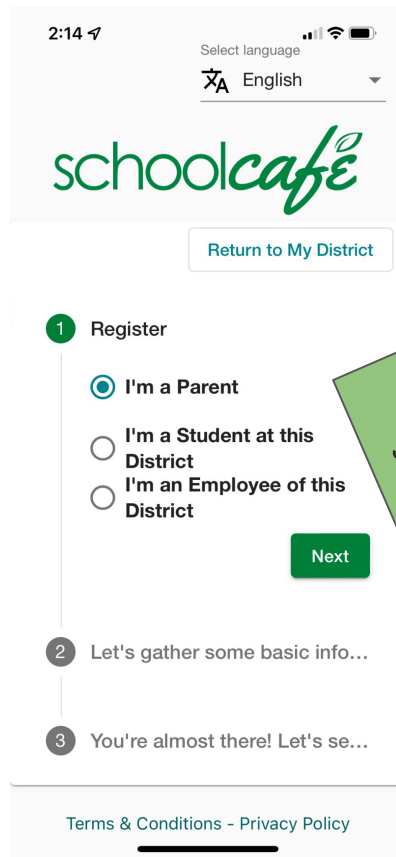
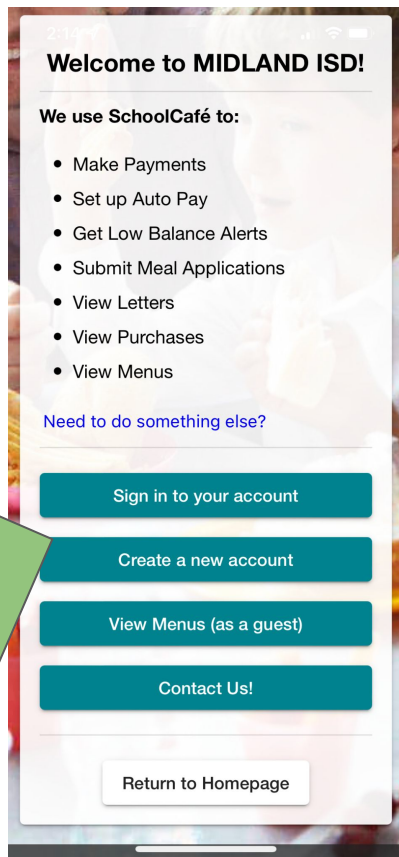
Desplácese hasta Necesito crear una cuenta.



Seleccione "TX - Texas"

Luego escriba MIDLAND ISD para el distrito escolar. Haga clic en If a Mi Distrito.

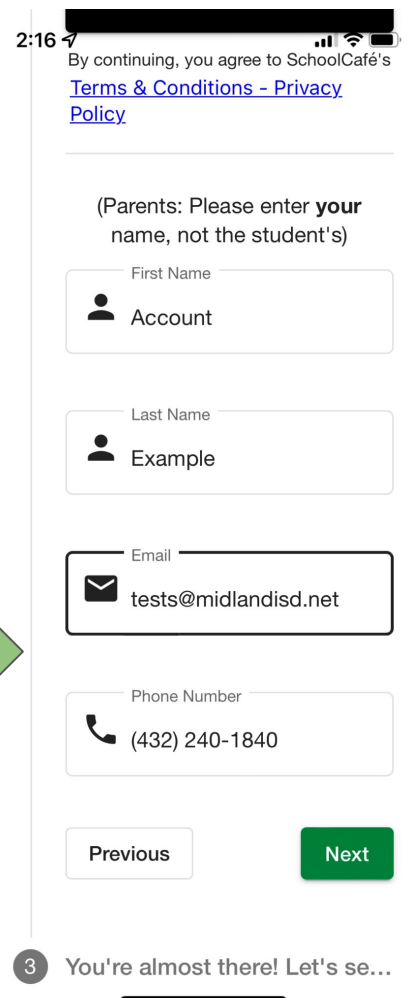




Puede utilizar una cuenta de Google o Apple para registrarse.

O ingrese la información manualmente y luego haga clic en Siguiente,

Este es SU NOMBRE, DIRECCIÓN DE CORREO ELECTRÓNICO y NÚMERO DE TELÉFONO, no la información de su estudiante.



🔑 Password 🔒

🔑 Confirm Password 🔒

🔒 Select a Security Q... ▼

🔑 Answer

Select language
🇺🇸 English ▼

☐ I accept the
[Terms & Conditions](#)

Previous

Aquí establecerá una contraseña y elegirá una pregunta de seguridad. También puede configurar el idioma de su cuenta en esta sección. Luego haga clic en la casilla junto a Acepto los Términos y condiciones y Crear mi cuenta.

Haga clic en Solicitar beneficios.

1:42

schoolcafé

Connect your child cafeteria account with your SchoolCafé account, apply for free or reduce benefits.

In order to continue receiving emails from SchoolCafé -- low balance alerts, payment acknowledgements, etc.-- please verify your email address first.
[Click here to verify.](#)

✓ Apply for Benefits

👤 Students

+ Add a Student

Select language
English

Household Letter

This letter, provided by your district, lists all of the rules, expectations, and other important information you will need while filling out your application.

FREQUENTLY ASKED QUESTIONS

Dear Parent/Guardian:

Children need healthy meals to learn. Midland ISD offers healthy meals to all children in our district (from Kindergarten through 12th grade) and \$3.25 for elementary level. You must complete an application for free or reduced price meal benefits, a process.

1. Who can get free or reduced price meals?

- All children in households receiving benefits from the federal government (such as SNAP, TANF, or Medicaid)
- Foster children that are under the legal responsibility of a foster parent
- Children participating in their school's Head Start program
- Children who meet the definition of homeless, runaway, or migrant
- Children may receive free or reduced price meals if your household meets the income eligibility requirements

Income Eligibility

Family Size

Previous

Next

Haga clic aquí para cambiar el idioma si es necesario.

Revise esta información, luego haga clic en siguiente

Revise que toda SU información sea correcta, luego haga clic en el cuadro y luego en siguiente.

Certify

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

Example Account

Edit 

TX

(432) 240-1840

CNS@Midlandisd.net

I certify (promise) that all information on this application is true and that all income is reported (where required). I understand that the school will receive the

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

Previous

Next

1:42

schoolcafé

Apply for Free or Reduced Be

Select language
English

Contact

Students

Enter all K-12 students in this school district.

Add a Student+

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

Previous Next

Haga clic para agregar a su estudiante/estudiantes. Necesitará su número de identificación de estudiante. Puede obtener esto en Skyward o llamar a la oficina de la escuela.

Introduzca toda la información que tenga disponible. Repetirá esto para TODOS los estudiantes en su hogar.

1:43

Add a Student

Student ID

First Name * required

Last Name * required

Middle Name

Date of Birth

School

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

☐ Yes ☐ No * required

Does this student receive income?

☐ Yes ☐ No * required

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

Cancel Add this Student

Una vez que haya agregado a todos sus estudiantes, haga clic en siguiente.

Previous Next

La siguiente pregunta es si recibe asistencia del gobierno.

1:44

schoolcafé

Contact

< [People Icon] [Star Icon] [Home Icon] >

★ Assistance

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

☒ Yes ☐ No

Benefits Received * required

What type of benefits do you receive?

☐ SNAP ☐ TANF

Previous Next

El siguiente paso es agregar TODOS los miembros del hogar que no figuraban como estudiantes, Para cada miembro del hogar, agregue también la información de sus ingresos.

1:44

Update Applicant

Example Account

Does this member receive income?

☒ Yes ☐ No

If this household member receives income, please enter the **GROSS (pre-tax)** amount and frequency.

Income (Work)	Frequency	
\$ 500	Every ...	×
Monthly: \$1,083.33 Annually: \$13,000.00		
\$ Income (...)	Frequ...	×
\$ Income (...)	Frequ...	×

Cancel Add this Member

1:44

schoolcafé

0

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 1 K-12 student(s) enrolled in this district:

Account, Test

Date of Birth: 01/01/2022

Income: None

Foster/Homeless/Migrant/Runaway Start: No

Assistance

< Go Back to Assistance

1:45

schoolcafé

0

Assistance

< Go Back to Assistance

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

Household

< Go Back to Household

Account, Example (applicant)

Income: \$500.00 (Every 2 Weeks)

Previous

Next

1:45

schoolcafé

0

Contact

English

<

>

Optional Info

(You do not have to complete this part to receive free or reduced priced meals.)

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Racial Identity

☐ Asian

☐ American Indian or Alaskan Native

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Start Over

Consent to Release Meal Eligibility

At this time, no optional programs exist that might request your information, so you can ignore this section.

Information Sharing

By checking this box, you voluntarily consent to let your child(ren)'s school share your child(ren)'s meal eligibility with any program(s) indicated (checked) above. You acknowledge that you have read and understood all information listed.

☐

Previous

Next

El siguiente paso es una revisión, asegúrese de que toda la información sea correcta y luego haga clic en siguiente.

El siguiente paso es información opcional. Complete la información que está dispuesto a compartir y luego haga clic en siguiente.

1:45

schoolcafé

0

Submit

Example Account

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, the adult signing this application should have a social security number or mark the "I do not have a SSN" box.

Law requires us 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 Nu...

1234

Example

Account

Your application was successfully verified and signed via IP Address 72.48.175.220.

<

Go Back to Review

Submit My Application

Tome nota de su número de solicitud como referencia si necesita hacer preguntas o verificar el estado de su solicitud.