

Category: BENEFITS	Document Type: Quick Guide	Author: Content Team	Software Version: 1.0.0	Updated: 10/31/2024
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APPLY FOR BENEFITS

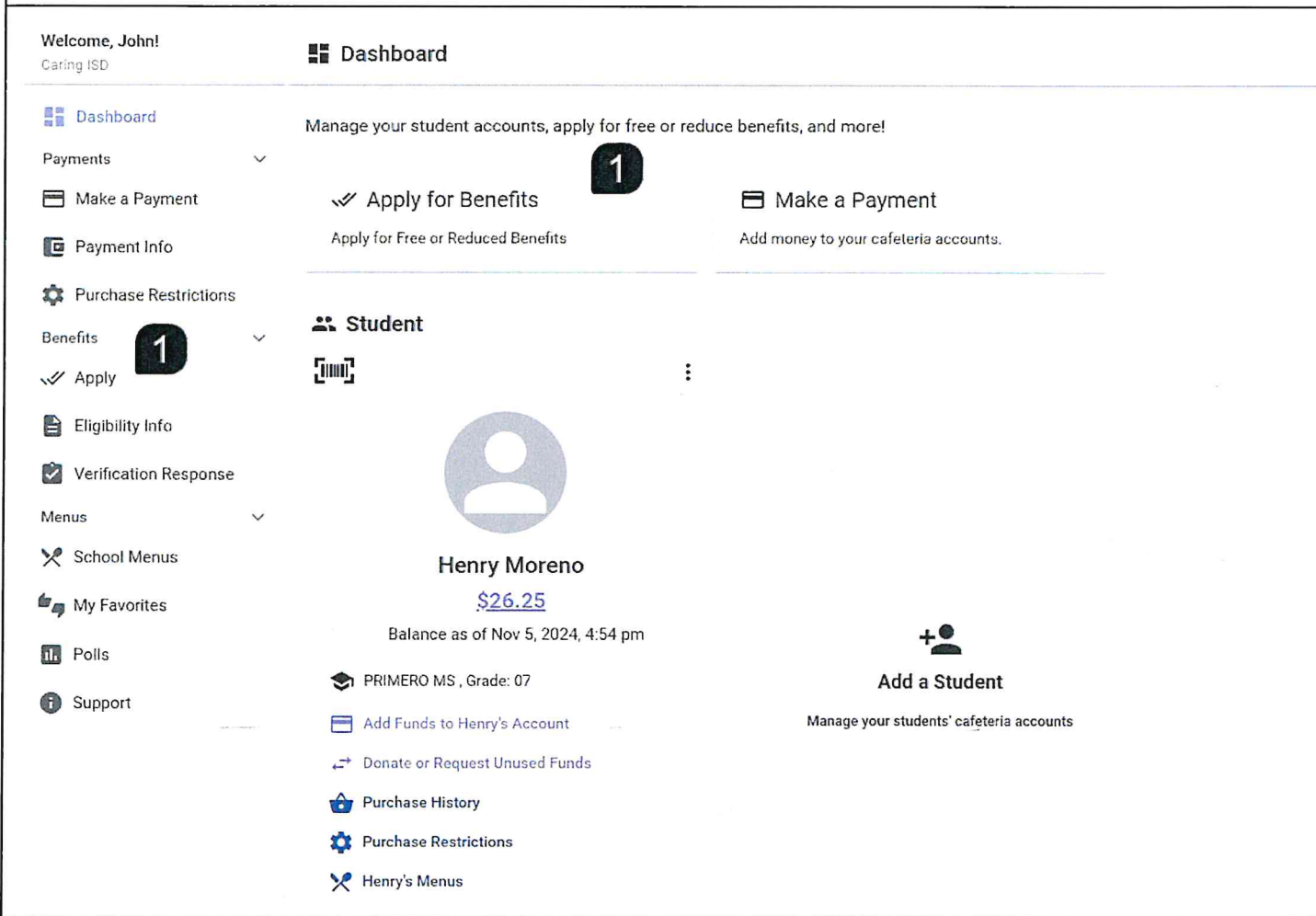
The following steps outline the process of submitting an application in Family Hub.

! To expedite the application process, add students to your account before applying.

To apply for free and reduced meals, navigate to **Family Hub > Benefits > Apply**.

On the Dashboard

- Click **Apply** on the navigation bar or click **Apply for Benefits**
*The **Apply for Free or Reduced Benefits** page displays.*



Welcome, John!
Caring ISD

Dashboard

Manage your student accounts, apply for free or reduce benefits, and more!

Dashboard

Payments

Make a Payment

Payment Info

Purchase Restrictions

Benefits **1**

Apply

Eligibility Info

Verification Response

Menus

School Menus

My Favorites

Polls

Support

Student

Henry Moreno

\$26.25

Balance as of Nov 5, 2024, 4:54 pm

PRIMERO MS, Grade: 07

Add Funds to Henry's Account

Donate or Request Unused Funds

Purchase History

Purchase Restrictions

Henry's Menus

Make a Payment

Add money to your cafeteria accounts.

Add a Student

Manage your students' cafeteria accounts

2. View the Household Letter
Click the **Download Household Letter** button if desired.
Select a different language using the **Select language** dropdown if desired.
3. Click the **Next** button to continue
The **Confirm Applicant Information** pop-up window displays.

✓ Apply for Free or Reduced Benefits

 Contact

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.

Insert Name of Contracting Entity (CE)

Dear Parent/Guardian:

Children need healthy meals to learn. Insert name of contracting entity (CE) name offers healthy meals every school day. Breakfast costs insert \$, lunch costs insert \$. **Your children may qualify for free meals or for reduced-price meals.** Reduced-price is insert \$ for breakfast and insert \$ for lunch. If you received a notification letter that a child is directly certified for free or reduced-price meals, do not complete an application. Let the school know if any children in the household attending school are not listed in the letter.

The questions and answers that follow and attached directions provide additional information on how to complete the application. Complete only one application for all the students in the household and return the completed application to insert name, address, and phone number. If you have questions about applying for free or reduced-price meals, contact insert phone number or determining or reviewing official and email, if appropriate.

1. Who Can Get Free Meals?

• Income: Children can get free or reduced-price meals if:

4. If I Don't Qualify Now, May I Apply Later? Yes. Apply at any time during the school year. I hold both a parent or guardian

 Download Household Letter

Previous

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Next

Use of Information Statement | Non-Discrimination Statement

4. Confirm or update the applicant information
5. Click the **Save Applicant Information** button
The applicant information is added.

Confirm Applicant Information

First Name

John

Last Name

Doe

Email

John.Doe@gmail.com

Phone

(281) 453-8500

Street Address

4422 Cypress Creek Pkwy

City

Houston

State

TX - Texas

ZIP

77068

Cancel

4

5

Save Applicant Information

6. Edit applicant information as needed
7. Click the **Checkbox** to certify that all information on this application is correct
8. Click the **Next** button to continue

✔ Apply for Free or Reduced Benefits

 Contact

Select language

English

Certify

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

John Doe

4422 Cypress Creek Pkwy

Houston, TX 77068

(281) 453-8500

John.Doe@gmail.com

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Edit 

7



"I CERTIFY (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws."

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[Use of Information Statement](#) | [Non-Discrimination Statement](#)

Students already added to your account will populate and can be selected.

9. Click the **Checkbox** to select any students from your SchoolCafé account
10. Select **Yes** or **No** to the questions
 -  Answering these questions is required.
11. Click the **Next** button to continue

✓ Apply for Free or Reduced Benefits

 Contact

Select language

English

 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!

☒ Henry Moreno

9

Are there any other students in your household?

☒ Yes ☐ No

Do any of the students in your household receive income?

☐ Yes ☒ No

10

Are any of these students Foster, Homeless, Migrant, Runaway, or Head Start children?

☐ Yes ☒ No

Do you want to Decline Benefits?

☐ Yes ☒ No

Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?

☐ Yes ☒ No

Note: The information on this application will be sent directly to your district. Please contact their Child Nutrition office if you have any problems filling out your application.

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Use of Information Statement | Non-Discrimination Statement

On the **Students** tab

If you answered yes to having other students in your household, the **Add a Student** button will display.

12. Click the **Add a Student** button

The **Add a Student** pop-up window displays.

✔ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

★ Assistance

🏠 Household

☰ Review

📄 Details

☑ Submit

Students

Enter all K-12 students in this school district.

Add a Student+

12

Moreno, Henry



PRIMERO MS, Grade: 07

Date of Birth: 04/16/1998

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No



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Use of Information Statement | Non-Discrimination Statement

13. Enter the following information:

- **Student ID**
- **First Name**
- **Last Name**
- **Middle Name**
- **Date of Birth**
- **School**
- **Grade**

⚠ The **First Name** and **Last Name** fields are required.

14. Select **Yes** or **No** to the questions

⚠ Answering these questions is required.

15. Click the **Add this Student** button

The student is added to the list of students in your household.

Add a Student

Student ID

152025

First Name

Jorge

Last Name

Olivares

Middle Name

13

Date of Birth

4/7/1997

School

Caring High

Grade

12

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

☐ Yes ☒ No

Does this student receive income?

☐ Yes ☒ No

14

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

15

Cancel

Add this Student

16. Confirm all students have been added to your household
You can edit students' information or remove them as needed.
17. Click the **Next** button to continue

✓ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

★ Assistance

Household

Review

Details

Submit

Students

Enter all K-12 students in this school district.

Add a Student

Moreno, Henry



PRIMERO MS, Grade: 07

Date of Birth: 04/16/1998

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No

16



Olivares, Jorge



Caring High, Grade: 12

Date of Birth: 04/07/1997

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No



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Use of Information Statement | Non-Discrimination Statement

18. Click the **Checkbox** to decline benefits if desired

19. Click the **Next** button to continue

✓ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

★ Assistance

Household

Review

Details

Submit

Decline Benefits

I do not want to receive benefits. I understand that I will pay full price for meals.

☐ I want to DECLINE BENEFITS (Free and Reduced price meals)

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Use of Information Statement | Non-Discrimination Statement

On the **Assistance** tab

20. Select **Yes** or **No** to the question

*If **Yes**, additional fields will display below, requiring you to select what benefits you receive and enter your case number.*

21. Click the **Next** button to continue

*The **Update Applicant** pop-up window displays.*

✓ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

★ Assistance

Household

Review

Details

Submit

★ Assistance

Do any Household Members (including you) currently participate in any of the following assistance programs: FoodShare, W-2 Cash Benefits, or FDPIR?

☐ Yes ☒ No

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Use of Information Statement | Non-Discrimination Statement

22. Select **Yes** or **No** to the question

⚠ Answering this question is required.
If **Yes**, additional fields will display below.

Update Applicant

Name:

John Doe

Does this member receive income?

☐ Yes ☐ No

* required

Cancel

Add this Member

22

23. Enter the **Income** amount and select the **Frequency (Work, Assistance, Other)**

24. Click the **Add this Member** button to save the income information

The income information is added.

Update Applicant

Name:

John Doe

Does this member receive income?

☒ Yes ☐ No

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

Income (Work)

\$ 500

Frequency

Monthly

×

Monthly: \$500.00 | Annually: \$6,000.00

\$ Income (Assistance)

Frequency

×

\$ Income (Other)

Frequency

×

Annual Income: \$6,000.00

Cancel

Add this Member

24

23

On the **Household** tab

25. Confirm all household members have been added

You can edit household members' information as needed.

26. Click the **Next** button to continue

✓ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

Assistance

Household

Review

Details

Submit

Household

List all Household Members not listed previously (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars only (no cents). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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Add Household Member



Doe, John (applicant)

Income: \$500.00 (Monthly)



Students

Moreno, Henry

PRIMERO MS, Grade: 07

Date of Birth: 04/16/1998

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No

Olivares, Jorge

Caring High, Grade: 12

Date of Birth: 04/07/1997

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No

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Start Over

Use of Information Statement | Non-Discrimination Statement

On the **Review** tab

27. Review your information for accuracy

You can return to each section and edit if something needs to be changed.

28. Click the **Next** button to continue if everything looks correct

✓ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

Assistance

Household

Review

Details

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) enrolled in this district:

Moreno, Henry



PRIMERO MS, Grade: 07

Date of Birth: 04/16/1998

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No

Olivares, Jorge



Caring High, Grade: 12

Date of Birth: 04/07/1997

Income: None

Foster/Homeless/Migrant/Runaway/Head Start: No

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Decline Benefits

[Go Back to Decline Benefits](#)

Not opted to Decline Benefits

Assistance

[Go Back to Assistance](#)

You have indicated that you did not receive any assistance from FoodShare, W-2 Cash Benefits, or FDPIR.

Household

[Go Back to Household](#)



Doe, John (applicant)

Income: \$500.00 (Monthly)

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On the **Details** tab

29. Select your child's **Ethnicity**

⚠ This information is optional and does not affect your children's eligibility.

30. Select your child's **Racial Identity**

⚠ This information is optional and does not affect your children's eligibility.

31. Click the **Next** button to continue

✔ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

Assistance

Household

Review

Details

Submit

Optional Info

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity

- ☒ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Not Provided

Clear

Racial Identity

- ☐ Asian
☐ American Indian or Alaskan Native
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Consent to Release Meal Eligibility

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

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Use of Information Statement | Non-Discrimination Statement

On the **Submit** tab

32. Select **Yes** or **No** to the question
33. If **Yes**, enter the last four digits of your Social Security number
34. Click the **Checkbox** to select the applicant signing the application
*The **Sign** button displays.*
35. Click the **Sign** button to digitally sign your online application
Your digital signature displays.

✔ Apply for Free or Reduced Benefits

Select language

English

Contact

Students

Assistance

Household

Review

Details

Submit

Submit

John Doe

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

32

Enter the last 4 digit of your Social Security Number

1234

33

Please select the applicant signing the application:

☒ John Doe

Sign

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Submit My Application

Start Over

Use of Information Statement | Non-Discrimination Statement

36. Click the **Submit My Application** button
The page refreshes, and a copy of your application displays.

✓ Apply for Free or Reduced Benefits

Select language

English

 Contact

 Students

 Assistance

 Household

 Review

 Details

 **Submit**

☒ **Submit**

John Doe

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 Number

1234

John Doe

Your application was successfully verified and signed via IP Address

[Go Back to Review](#)

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 **Submit My Application**

 **Start Over**

[Use of Information Statement](#) | [Non-Discrimination Statement](#)

You can click the **Print** or **Download** buttons if desired.

You can click the **I need to apply for more students. Start another application.** button if desired.

✓ Apply for Free or Reduced Benefits

Contact

Select language

English

Summary

You have successfully completed your online application!

Your application number is **36**. 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

CARING ISD

2024 - 2025 Application for Free and Reduced Price Meal Application #:36

STEP 1 - All Children in the Household Children in Foster Care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply For Free and Reduced Price School Meals for more information.

Student ID	Last Name	First Name	MI	DOB	School Code	Grade	Direct Approval
30061	Moreno	Henry		04/16/1998	045	37	
150025	Chaves	Jorge		04/07/1997	003	12	

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.

STEP 2 - Assistance Programs

Do any household members (including you) currently participate in FSNAP? Add Case # / EDG # or SNAP Identifier (not the EBT #):
 If you answered NO: Complete STEP 3. If you answered YES: ...
 Write a case number / EDG number then skip to STEP 4. While only one case # / EDG # in the space above.

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 'Sources of Income for Children' section will help you with the Child Income question. The 'Sources of Income for Adult' section will help you with Adult Household Members section.

Gross Income and how often it is received:	Child Income	How Often?
A. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all household members listed in Step 1 here.	\$0.00	Annually

B. 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?
John Doe	\$500.00	Monthly				

Total Household Size (Children and Adults): 3 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member: ***-**-1234 Check if no SSN ☐

STEP 4 - Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) this information. I am aware that if I purposely 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: John Doe Signature of adult completing the form: John Doe Received Date: 11/22/2024

Street Address (if available): 4422 Cypress Creek Pkwy. City: Houston State: TX ZIP Code: 77068

Home Phone Number: 2814533500 Work Phone Number: Email: John.Doe@gmail.com

Optional - Children's Racial and Ethnic Identities Race:

Ethnicity: Hispanic or Latino

Print

Download

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

Use of Information Statement | Non-Discrimination Statement

Navigate to **Eligibility Info** to view or download submitted applications as well as see the results.

Benefits



✓ Apply

Eligibility Info

Verification Response