

Information

You can now fill your School Meals and Summer EBT Application from PaySchools Central.

Click on the below button (or) navigate to Menu -> School Meals and Summer EBT Application, to start filling your application

This interactive application will guide you through the application process, provide a determination letter and/or your district can message you if they need any additional information.

Do not show this popup again

[SCHOOL MEALS AND SUMMER EBT APPLICATION](#)

Contact Information

Contact

Students

Members

Disclosure

Sign

YOUR CONTACT INFORMATION

First Name*

Rojean

Last Name*

Cole

Email ID

rojeancole@icloud.com



Address Line 1

304 Parkway Blvd

Address Line 2

Zip Code

44601

City

Alliance

State

Ohio



Phone Number

(330) 257-5910

Mobile Number

(330) 257-5910

PREFERRED CONTACT METHOD

EMAIL FOR INSTANT CONTACT

Email



If your school district reviews all applications, your preferred delivery method will be used to send your determination letter. Email delivery is preferred to get your response as quickly as possible.

CONTINUE

[Cancel and go to my PaySchools Central Dashboard](#)

Application

Contact

Students

Members

Disclosure

Sign

Please Choose one of the following options

RETURN TO APPLICATION

Complete a prior Unsigned/Incomplete application

NEW APPLICATION

Begin a New Application for a Student/User

BACK

[Cancel and go to my PaySchools Central Dashboard](#)

Before you begin

Contact

Students

Members

Disclosure

Sign

FROM YOUR SCHOOL DISTRICT

[For Letter to Parent, FAQ's and Income Guidelines and information about Summer EBT, click the link below.](#)

HERE'S HOW ELIGIBILITY IS HANDLED

We only need one application for all the children in your household. Eligibility for free or reduce price school meal benefits is based on any one of the following three things:

- Your total household income and family size in the month the application is filled out, or the month before, or after
- Your child's individual status as foster, homeless, migrant or runaway, or
- Participation in an assistance program by any member of your household.

Your US citizenship or immigration status does not affect your eligibility for free and reduced-price benefits.

CONTINUE

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[Cancel and go to my PaySchools Central Dashboard](#)

Verify Students

Contact

Students

Members

Disclosure

Sign

Enter the number of people in your household

:

You as Signer

: 1

*Student currently added that attend your District / School

: 1

*To add additional students that attend your District / School Click Add Students

Grace Allen



STUDENT ID
20250081

DISTRICT NAME
The Ewing Public Schools

GRADE
12

SCHOOL NAME
Ewing High School

DIRECT CERTIFICATION No

Is this a Foster Child? YES

ADD STUDENTS

Remaining Children and Household Members

: 0

START APPLICATION

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[Save and Go to my Payschools Central Dashboard](#)

Student Assistance

Contact

Students

Members

Disclosure

Sign

Lets determine if your student has state assistance or sources of income.

Some common sources of income for children are:

- A full-time or part-time job, or
- Supplemental Security Income (SSI), if the child is disabled, Social Security benefits for children of a disabled, retired, or deceased parent, or
- Money regularly received from extended family or friends outside of the household, or
- Money from a pension, annuity, or trust

Do not include infrequent earnings, such as income from occasional babysitting or mowing lawns.

Please answer for each of your students / patrons below.

Grace Allen

Grace Allen

Select Assistance Type*

None of These

Select Special Situation*

None of These

Does Grace have income? Please select the checkbox to enter Income details.

Yes No

CONTINUE

BACK

[Save and Go to my Payschools Central Dashboard](#)

Update Member



You as the Signer of the application and Students previously entered in this application have already been added as household members, PLEASE DO NOT ADD YOURSELF OR STUDENTS AGAIN

CONTINUE

Verify Members

Contact

Students

Members

Disclosure

Sign

Students already added to the application from your school district **MUST NOT** be added in the members section.

You have been added automatically as a member to this application, but there may be additional members in your household.

Please remove or add members to this application based on this following definition.

A member is defined as:

- Students that are in grade 12 or below and attend school in another school district
- Children that attend all day care or preschool, or are not of school age, including infants
- Anyone 18 years of age or younger living in your household that does not currently attend school
- Grandparents or other extended family members that are living with you
- Also include people that are not currently living with you, but are only away on a temporary basis, like:
 - Kids that are away at college
 - Members of your family that are in the military, and are deployed

Include people regardless of age or whether they earn or receive income.

Rojean Cole

ADD MEMBER

Add the remaining Non-Student Children and Household Member

: 0

CONTINUE

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Member Assistance

Contact

Students

Members

Disclosure

Sign

Lets determine if your member has state assistance or sources of income

Do the members have income from the following sources?

Remember to report current, gross income.

There are 4 types of income that can be reported here.

1. **Employment Income** -gross earning before deductions, include all jobs.
2. **Welfare/Child support** -include welfare, child support and alimony payments.
3. **Government Income** -pension, social security, child SSI and permanent disability.
4. **Other** -include withdrawals from savings account or any other income.

Rojean Cole

Rojean Cole

Select Assistance Type*

None of These

Does Rojean have income? Please select the checkbox to enter income details.

Yes No

Income from Work (gross income)

Income*

\$ 5000

Select Frequency*

Weekly

Welfare/Child Support/Alimony(gross income)

\$ Income

Select Frequency

Pension, Retirement, SSI, VA, SS(gross income)

\$ Income

Select Frequency

Other Income (PFD) (gross income)

\$ Income

Select Frequency

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Statements

[Contact](#)[Students](#)[Members](#)[Disclosure](#)[Sign](#)

USE OF INFORMATION

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

USDA NON DISCRIMINATION STATEMENT

The contact information below is solely to file a complaint of discrimination in accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies; this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

*Do not mail applications to this address, only complaints of discrimination.

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[Save and Go to my Pyschools Central Dashboard](#)

Disclosure Categories

Contact

Students

Members

Disclosure

Sign

SHARE MEAL BENEFIT WITH OTHER DEPARTMENTS

The information you give on the Confidential Application for School Meals and Summer EBT is only used to determine your student(s) eligibility for Free or Reduced Price meals and Summer EBT benefits. The information may also be used to determine your student(s) eligibility to receive benefits for other programs. We must have your permission to share your information. Please read the description for each category carefully. Completing this form will not change whether your student(s) get free or reduced meals. Completing this waiver is NOT A REQUIREMENT for participation in any school nutrition program. Please choose the program(s) by selecting the check box by each program for the ones you wish to OPT OUT and share your information with. If you do not want Summer-EBT benefits check the box below.

Are you willing to share your student's meal benefits with other departments in the district for a possible reduction in your fee costs? If so, the school has listed the different departments or areas you can choose below. Please check the box for which to share your meal benefit.

Grace Allen

- Check this box if you would like to share with ALL departments below
- Opt Out of Summer-EBT Program

SIGNER: Rojean Cole

ELECTRONIC SIGNATURE

I Certify (promise) that all information on this application is true and that all income is reported

CONFIRM PASSWORD*

.....|

CONTINUE

SKIP SHARING

Summary and Review

Contact Students Members Disclosure Sign

YOUR APPLICATION IS ALMOST COMPLETE!

Please confirm the details below. Use the Edit links below to make changes, once done you will return to this screen, or you can use the Continue button to move to the final steps.

MEMBERS

Rojean Cole
Income: 5000/Weekly

EDIT

STUDENTS

Grace Allen

EDIT

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 purposefully give false information, that my children may lose meal benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law. For Summer EBT Only: I certify that I am not already receiving Summer EBT benefits in another State.

I Agree

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Success

Contact

Students

Members

Sign

Disclosure

APPLICATION PENDING

Your application is pending approval by your school.

The district will review your application and if everything is accepted, the application will be approved, and you will receive your determination letter from the district based on the communication method chosen on the contact screen. If there are any issues with your application, you will receive an email from the district letting you know what you need to correct or add.

Thank you for applying for school meal benefits!

CONTINUE

Sign your Application

Contact

Students

Members

Disclosure

Sign

SIGN YOUR APPLICATION

We are required to ask for information about race and ethnicity of the students that are applying for the program. 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.

If racial/ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

DEMOGRAPHICS

- Hispanic or Latino
- Not Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

SIGNER: Rojean Cole

Please provide the last four digits of your/the signer Social Security number. If you do not have a Social Security number, please check the box below labeled 'No SSN/Not Applicable'. Required if Applying for School Meals Only.

Last 4 digit of SSN: ***- Enter Last 4 digit of SSN

- No SSN/Not Applicable

Preferred Language*
English(US)

ELECTRONIC SIGNATURE

I Certify (promise) that all information on this application is true and that all income is reported

CONFIRM PASSWORD*

.....|

SIGN

BACK