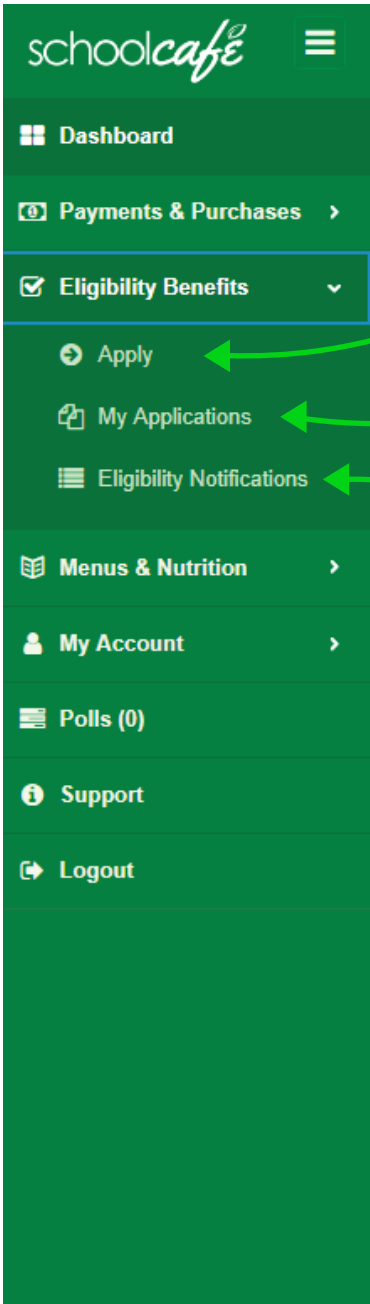


# schoolcafé

## Quick Card



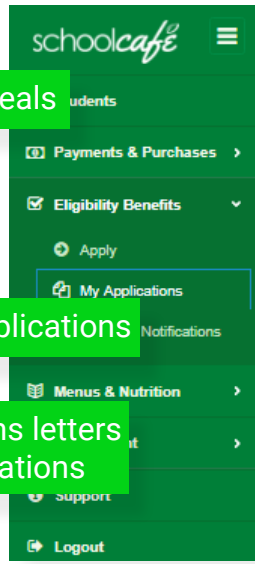
schoolcafé ☰

- Dashboard
- Payments & Purchases >
- Eligibility Benefits ▾
- Apply
- My Applications
- Eligibility Notifications
- Menus & Nutrition >
- My Account >
- Polls (0)
- Support
- Logout

Apply for Free & Reduced Meals

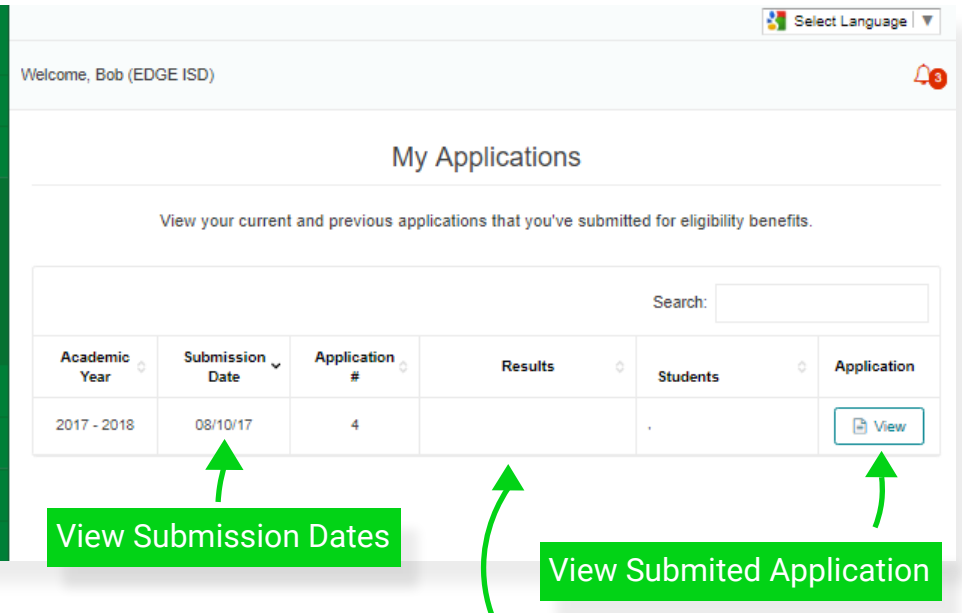
View Previous Applications

View notifications letters regarding applications



schoolcafé ☰

- Students
- Payments & Purchases >
- Eligibility Benefits ▾
- Apply
- My Applications
- Menus & Nutrition >
- Support
- Logout



Welcome, Bob (EDGE ISD)

### My Applications

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

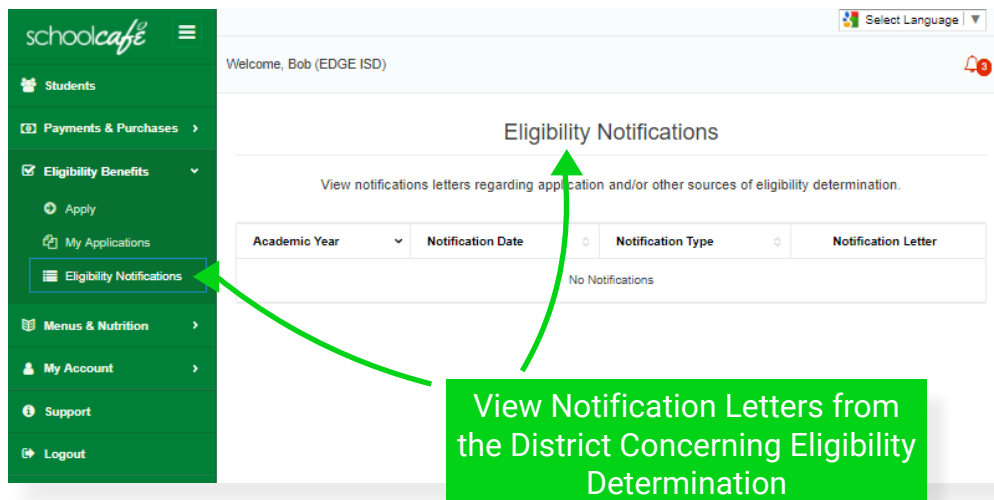
Search:

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

View Submission Dates

View Submitted Application

See the Results of Your Applications



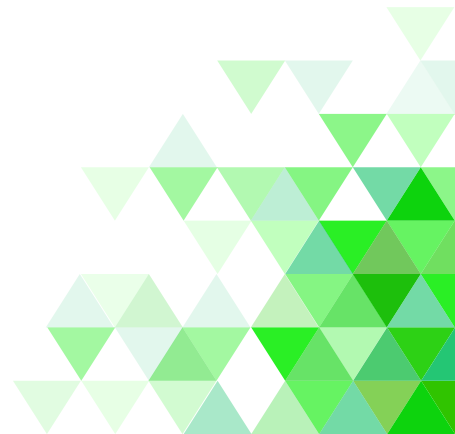
Welcome, Bob (EDGE ISD)

### Eligibility Notifications

View notifications letters regarding application and/or other sources of eligibility determination.

Academic Year	Notification Date	Notification Type	Notification Letter
No Notifications			

View Notification Letters from the District Concerning Eligibility Determination



# schoolcafé

## Quick Card

**1**

Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

English

中文

Select From Various Languages

Use of Information Statement | Non-Discrimination Statement

**3**

Select students from your SchoolCafé account

Please select any students you have already answered questions in order to speed up the application

Jane Kaye Smith

Sean Michael Smith

Select Your Students

Are there any other students in your household?

Yes  No

Do any of the students in your household receive income assistance?

Yes  No

Are any of these students Foster, Homeless, Migrant, Runaway, or Unemployed?

Yes  No

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

Yes  No

Answer Questions About Your Household

**2**

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 200  
Houston, TX 12345  
123-456-7899  
test@test.com

Edit

Click To Certify The Information

I certify (promise) that the information I provide is true and that all information is correct and that I understand that if I purposely give false information, my children will lose benefits, and I may be prosecuted.

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

**4**

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)

Adjust Income

Previous Next

Return To A Previous Step In Your Application

Add Any Additional Household Members

# schoolcafé

## Quick Card

5

- 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.

Assistance Information

#### 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)

Household Information

Previous

Next

Review Your Application Information

Enter The Last Four Digits of Your SSN

Return To Previous Steps To Adjust Any Information

6

- 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 used, the 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.

Go Back to Review

Submit My Application

7

### 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

Student ID	Last Name	First Name	Age	DOB	Student?	SSN Code	Grade	Direct Approval
100081					<input type="checkbox"/>			<input type="checkbox"/>
100732					<input type="checkbox"/>			<input type="checkbox"/>

**STEP 2 - Assistance Programs**

Do any household members (including you) currently participate in SNAP?  Yes  No  
If you answered NO - Complete STEP 3. If you answered YES - Please enter applicable Free Step in STEP 4.

**STEP 3 - Household Member Income (skip this step if you answered 'Yes' in STEP 2)**

Please enter how to apply for Free and Reduced Price School Meals for more information. The "Schools Open to Children" section will help you with the correct household member. The "Source of Income for Adult Member" will help you with ALL Adult Household Member income.

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: 3 Last Four Digits of Social Security Number (SSN) of Primary High Earner or Another Adult Household Member: \*\*\*-\*\*-1234 Check if no SSN:

**STEP 4 - Contact Information and Adult Signature**

I hereby certify that all information on this application is true and that all income is reported. I understand that this information is given in confidence with the intent of Federal, State, and local officials may verify this information. I am aware that if I provide any false information, my children may lose meal benefits, and may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form: Bob Smith Signature of adult completing the form: [Signature] Today's Date: 01/12/17

Street Address (if available): 878 Easy St City: Palmer State: AK ZIP Code: 99545

Home Phone Number: 234567890 Work Phone Number: 987654321 Email: bobsmith@grammargrade.com

Optional - Children's Racial and Ethnic Identifiers: Race: [Dropdown]

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.