

schoolcafé

Quick Card

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1

Apply for Free & Reduced Meals

Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

English

中文

Select from Various Languages

Dashboard

Payments & Purchases

Eligibility Benefits

Apply

My Applications

Eligibility Notifications

Menus & Nutrition

Support

Use of Information Statement | Non-Discrimination Statement

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

2

Click to Certify your Information is Correct

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 provided is true and that I understand the information provided.

I understand that school officials may verify (check) the information provided. 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

3

Add Students to your Application

Add Details: such as Income, or if your Student is Foster or Homeless

Students Assistance Household Review Details Submit

Students

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

Use of Information Statement | Non-Discrimination Statement

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Students Already Added will Populate and can be Selected here

4

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 Unemployed?

Yes No

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

Yes No

Answer Questions about your Household

5

Students Assistance Household Review Submit

Assistance

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

Yes No

Previous

Next

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

What type of benefits do you receive?

FDIPIR SNAP TANF

Previous

Next

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**

Add Additional Household Members

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

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

Assistance

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

Household

Total Household Size (Including Children and Adults): 3

- (student)
Income: None
- (student)
Income: None
- Smith, Bob** (applicant)
Income: \$3,000.00 (Monthly)

Review your Application Information

Selected Students for Application

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

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

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

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

Bob Smith

Your application was successfully verified and signed via IP Address 10.10.100.91.

Return to Previous Steps to Adjust Any Information

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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

After Submitting, you'll Receive an Application Copy

Print or Download a Copy of your Application

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

Household Member	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				

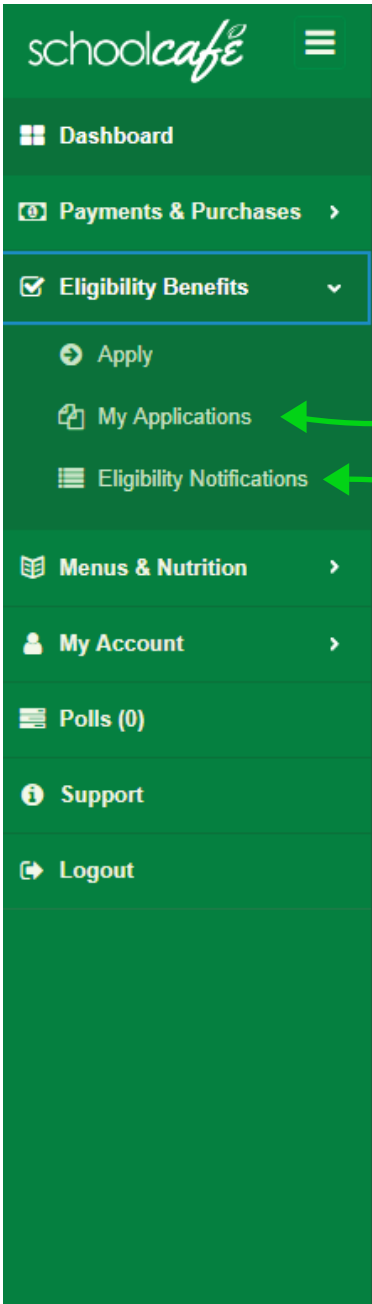
Printed name of adult completing the form	Signature of adult completing the form	Today's Date
Bob Smith	[Signature]	01/10/17

Print Download

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

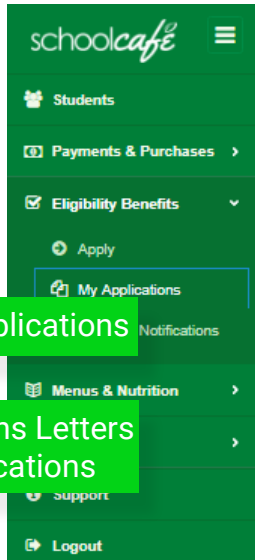
schoolcafé

Quick Card



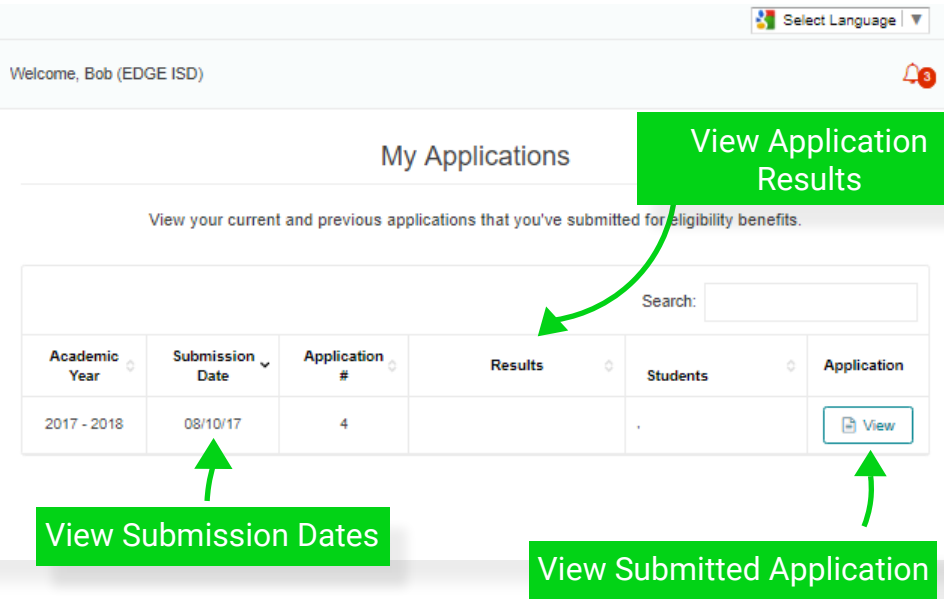
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- Dashboard
- Payments & Purchases >
- Eligibility Benefits ▾
- Apply
- My Applications
- Eligibility Notifications
- Menus & Nutrition >
- My Account >
- Polls (0)
- Support
- Logout



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- 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			View

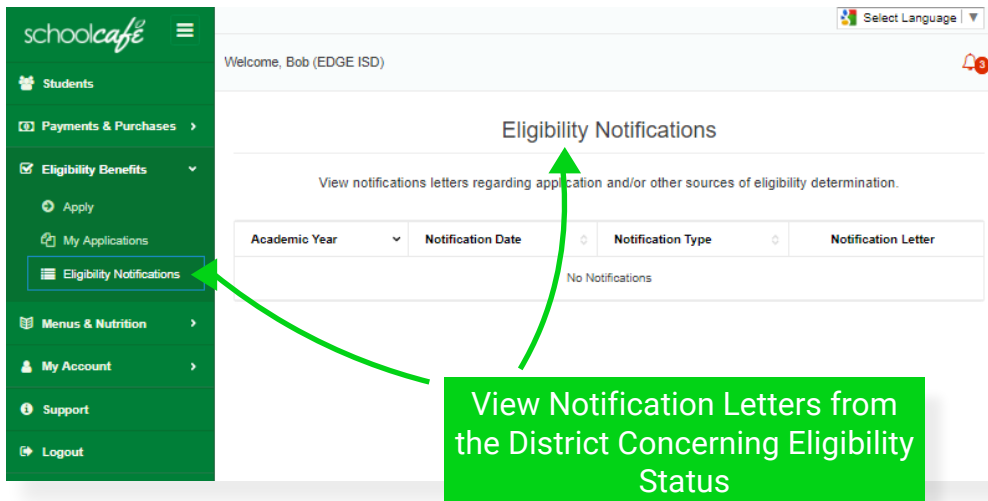
View Application Results (points to Results column)

View Submission Dates (points to Submission Date column)

View Submitted Application (points to View button)

View Previous Applications

View Notifications Letters Regarding Applications



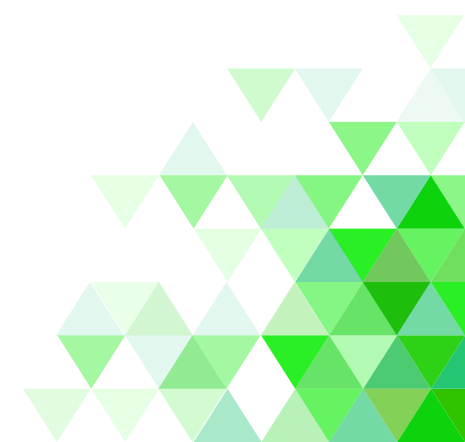
Welcome, Bob (EDGE ISD)

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 Status (points to Eligibility Notifications menu item and table)



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Selecione estudiantes de su cuenta de SchoolCafé

Please select any students you have already added to your account and answer a few basic questions in order to proceed!

Gage Albert Owe Adams

¿Hay otros estudiantes en su hogar?

Sí No

¿Alguno de los estudiantes de su hogar recibe ingresos?

Sí No

¿Alguno de estos estudiantes es Foster, Homeless, Migrant, Run away o Head Start?

Sí No

¿Quiéres rechazar los beneficios?

Sí No

¿Algún miembro de su hogar recibe cupones para alimentos, TANF o FDIPIR?

Sí No

Nota: La información de esta solicitud será enviada directamente a su distrito. Comuníquese con su oficina de nutrición infantil si tiene algún problema para llenar su solicitud.

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Anterior

Estudiantes Asistencia Casa Revisión Detalles Enviar

Asistencia

¿Algún miembro de su hogar recibe cupones para alimentos, TANF o FDIPIR?

Sí No

Anterior

Próximo paso

Agregue la información acerca su asistencia financiera

Estudiantes ya agregados serán populados y poder ser seleccionados aquí

Selecione estudiantes ya agregados

Conteste las preguntas referente a su hogar

6

Regrese al paso anterior de su aplicación

Estudiantes Asistencia Casa Revisión Detalles Enviar

Casa

Ya hemos añadido a los estudiantes a esta sección, por lo tanto, no es necesario añadir de nuevo.

Por favor, añada el resto de los miembros del hogar.

Anada un hogar

Agregue miembros adicionales a su hogar

Parent, Wetzel solicitante
CANTIDAD: \$2,000.00 (Monthly)

Smith, John
CANTIDAD: None

Próximo paso

Ajuste sus ingresos, si lo es necesario

Estudiantes Asistencia Casa Revisión Detalles Enviar

Asistencia

¿Algún miembro de su hogar recibe cupones para alimentos, TANF o FDIPIR?

Sí No

Información Sobre el Caso. *necesario

¿Qué tipo de beneficios reciben?

FDIPIR SNAP TANF

Anterior

Próximo paso

¿Cuál es el número del grupo de elegibilidad?

Número de Caso

12345

El número no está en el formato correcto

La cantidad de dígitos es verificada para asegurar exactitud

¿Cuál es el número del grupo de elegibilidad?

Número de Caso

1234567

Ingrese información como su Número de Caso

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Estudiantes

Asistencia

Casa

Revisión

Detalles

Enviar

Detalles

Si ha acabado de añadir todos los miembros del hogar y los ingresos a la solicitud, por favor haga clic en el botón "Enviar" para someter su solicitud.

[← Volver a los Estudiantes](#)

Usted ha indicado que su casa contiene 1 estudiantes de K-12.

ADAMS, GAGE ALBERT OW
NEW MARTINSVILLE SCHOOL, Grado: 04
Fecha de nacimiento: 12/2/2000
Ingresos: None
Fomentar / sin hogar / Migrantes / Fugitivo / Hecho Refugiado

[← Volver a declinar beneficios](#)

Usted no optó por declinar los beneficios.

[← Regresar a Asistencia](#)

Usted ha indicado que no recibió ninguna ayuda SNAP, TANF o FDIPIR.

[← volver los miembros de la familia](#)

Tamaño total del hogar (incluyendo niños y niñas)

Parent, Wetzel solicitante
CANTIDAD: \$2,000.00 (Monthly)

Smith, John
CANTIDAD: None

[Anterior](#) [Próximo paso](#)

Revise la información de su aplicación

Ingrese sus últimos cuatro dígitos de su Número de Seguro Social (si lo es requerido)

Estudiantes seleccionados para la aplicación

Regresar a los pasos anteriores para ajustar cualquier información

Información de asistencia

Información de su hogar

Después de someter la, recibirá una copia de su aplicación

Imprima o descargue su copia de aplicación

Estudiantes

Asistencia

Casa

Revisión

Detalles

Enviar

Presentar

Wetzel Parent

Presentar

Usted puede editar cualquier información que no está correcta.

Usted puede marcar "No tengo un Número de Seguro Social" si no tiene un número de seguro social para la aplicación. Si no tiene un número de seguro social, puede indicarlo a continuación.

Tienes número de seguro social

Sí No

Ingrese los últimos cuatro dígitos de su Número de Seguro Social

1234

Wetzel Parent

Su aplicación se ha verificado y firmado correctamente a través de IP 10.10.100.91

[← Volver a revisión](#)

[Enviar Solicitud](#)

Firme digitalmente su aplicación en línea

Someta su aplicación

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Resumen

Usted ha completado con éxito su solicitud en línea!

Su número de solicitud es 1320. Puede encontrar los detalles de su información en la página My Applications. Cuando se complete el proceso, usted recibirá una carta notificando informalmente los resultados de su distrito. Estos resultados estarán disponibles en la página Eligibility Notifications.

Copia de su solicitud

Application for Free and Reduced Price Meal

Complete one application per household. Please use a pen (not a pencil).

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 this meal. Please check the box to Apply For Free and Reduced Price School Meals for more information.

STEP 2 - Assistance Programs Any household members (including you) currently participate in SNAP? Yes No Add Case Number of SNAP Identifier (not the EBT #) if you answered YES - Complete STEP 3 if you answered YES - No

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 Adults" section will help you with All Adult Household Members Income.

Gross Income and how often it is received	Child Income	How Often?				
A. Sometimes children in the household own or receive income. Please include the TOTAL income received by all household members listed in Step 1. There are 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 which they participate, 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 (if any)	How Often?	Retirement / All Other Income	How Often?
Total Household Size	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member	Check if no SSN				

STEP 4 - Contact Information and Adult Signature If you're providing that information on this application, we will send that information to your district. We 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 child may lose benefits, and I may be sanctioned under applicable State and Federal Law.

Printed name of adult completing the form _____ Signature of adult completing the form _____ Today's Date _____

Street address (if available) _____ City _____ State _____ ZIP Code _____

Home Phone Number _____ Work Phone Number _____ Email _____

Optional - Children's Racial and Ethnic Identities: Race: _____

[Impresión](#) [Descargar](#)

Impresión

Descargar

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Quick Card

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- Tablero
- Pagos y compras >
- Beneficios de elegibilidad ▾
 - Aplicar
 - mis aplicaciones ←
 - Notificaciones de elegibilidad ←
 - Verificación
- Menús y Nutrición >
- Mi cuenta >
- Centro
- Apoyo
- Cerrar sesión

Ver aplicaciones anteriores

Ver cartes de notificación acerca de su aplicación

mis aplicaciones

Ver sus aplicaciones actuales y anteriores que nos ha enviado para beneficios de elegibilidad.

Buscar:

Año académico	Día de entrega	Application #	Resultado	Students	Solicitud
2017 - 2018	Dec 21 de, 2017 10:01	1320		GAGE ADAMS	Ver
2017 - 2018	Dec 13, 2017 04:38 AM	1316		ANDREA HIGGINS, GAGE ADAMS	Ver
2017 - 2018				ANDREA HIGGINS	Ver

Ver las fechas de sumision

Ver la aplicación, sometida

Ver los resultados de su aplicación

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- Tablero
- Pagos y compras >
- Beneficios de elegibilidad ▾
 - Aplicar
 - mis aplicaciones
 - Notificaciones de elegibilidad ←

Bienvenido, Wetzel (WETZEL COUNTY SCHOOLS) Spanish 30

Notificaciones de elegibilidad

Ver las notificaciones relativas a las cartas de solicitud y / u otras fuentes de determinación de elegibilidad.

Año académico	Fecha de notificación	Tipo de notificación	Carta de notificación
No Notificaciones			

Ver las cartas de notificación del Distrito de su elegibilidad actual