

Free and Reduced-Price Meals Online Applications

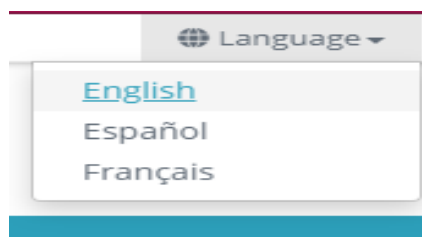
Online Instructions

Items needed to complete Meal Benefit Application online:

- Student(s) full name,
- The school, grade, birthdate of every student in your household. (Providing this information will assist us in identifying your student and expediting the application processing.)
- The names and **Gross Incomes** of every member of your household.
- If you indicate that you or your student(s) are a SNAP (Food stamp), recipient, or if your student(s) is a Foster Child, you DO NOT have to report income. You are only required to submit information regarding your student(s)
- Last four digits of your Social Security Number for electronic signature. IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER YOU MUST INDICATE THAT YOU DO NOT HAVE ONE.
- **We highly recommend that you submit a valid email address to receive an email confirmation.** An email address also helps to expedite necessary follow up. A phone number for district communication about the status of the application will give us an additional method to contact you.
- **If you received a NOTICE OF ELIGIBILITY FOR FREE MEALS, DO NOT COMPLETE THE APPLICATION.**

Log onto www.Myschoolapps.com

Select language of choice from the dropdown arrow at the top right side of the page



Select your school district – enter **zip code** **Click the search button**

Find Your School District: or

Click Select district and continue

Search

Zip Code

or

State

Choose School District

Choose Your District

Getting Started

Read Terms of Use and check the box, click Agreed to terms

▼ TERMS OF USE ▼

I have read and agree to the above terms

I DECLINE

I AGREE TO THE TERMS

Application Instructions:

If you feel you do not qualify for meal benefits, check the “I do not qualify box”

If you want to submit an application, click the continue button

I do not qualify for free or reduced-price meal benefits

BACK

CONTINUE

Household Information

Household Case Numbers

If anyone in your household (including you) currently participates in the **Supplemental Nutrition Assistance Program (SNAP)** or **Temporary Cash Assistance (TCA)** your children are eligible for free meals.

Click the box and enter your nine **(9)** digits case number

- Household receives SNAP benefits.
- Household receives TCA benefits.
- Household does not receive such benefits.

SNAP Case
Number

(What is my SNAP case number?)

If you do not receive any benefits, select “does not receive such benefits”

- Household receives SNAP benefits.
- Household receives TCA benefits.
- Household does not receive such benefits.

Address Information

Enter your address

Click (Save and Continue)

BACK

SAVE AND CONTINUE

Student Information

Click (Add Student)

BACK

ADD STUDENT

Student Information: Add Student

Enter Student Information (**First name, Last name and Date of Birth, Student ID**)

Select School and grade

Special Circumstances

Indicate if the enrolled child(ren) are **foster, homeless, migrant, runaway, or Even Start students.**

Click (**Save and continue**)

BACK

SAVE AND CONTINUE

Total Child Income

Add Income if the child receives any income

No income

Click Add Student or Done Adding Students

Total Child Income	None (No income)	ADD INCOME
--------------------	------------------	------------

Student Information – Add or Change or Remove

- To **change** a student, click the '**edit**'
- To **remove** a student, click the '**remove**'

EDIT REMOVE

- To **add** a student Click to “**Add Student**”

BACK

ADD STUDENT

DONE ADDING STUDENTS

- To **add** Child Income click “**Add Income**”

Total Child Income	None (No income)	ADD INCOME
--------------------	------------------	------------

- If selected “**Add Income**”
- Enter the amount and frequency

Income

×

Income Amt

Frequency

(choose)

▼

SAVE AND CONTINUE

- Click **“Done adding students”**

BACK	ADD STUDENT	DONE ADDING STUDENTS
------	-------------	----------------------

Confirm if the student(s) **has not received any income.**

- Click **“No student Income”**

No student income confirmation ×

You have not entered any student income. Please confirm that there is no student income.

ADD INCOME	NO STUDENT INCOME
------------	-------------------

Non-Student Children Information

- **List all children under the age of 18 who live in the household and not enrolled in a Prince George’s County School**

BACK	ADD CHILD	DONE ADDING CHILDREN
------	-----------	----------------------

- To **add** or edit a child click **“Add Child”**
- If you **added all your children** ,click **“Done adding children”**

Application Signature Information

Check status

- Adult member of the household
- Legally emancipated minor

Name

- Check the box if you did not list yourself on the application
- Enter First and Last name

SS#

- Enter last 4 digits of your Social Security number
- Check box if you do not have a Social Security Number

Last 4 Of Your Social Security Number (SSN)

I do not have a Social Security Number (You are eligible to apply for benefits even if you do not have a social security number.)

NON- Student Household Member Information

You will need to provide the following information for all non-student household members

- Gross income amount
- Frequency
- Source

Household Member Income

Income Sources Explained

- **Earnings From Work** The gross income this person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub.
- **Public Assistance** Money received from public assistance, welfare, charitable organizations, or other social assistance
- **Pension / Retirement / IRA**
- **Miscellaneous / Other** Include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.
- **Child Support** Money that a person in your household receives for child support
- **Alimony**
- **Social Security**
- **Interest (savings, bonds, CDs)**
- **Dividends / Securities**
- **Unemployment**

BACK

ADD INCOME

NO INCOME

Add Household Member Income



Income Amt

1200

Frequency

Every 2 Weeks

Source

Earnings From Work

i If you are unsure about an income type, just choose the closest match from the list or choose 'Miscellaneous / Other'.

SAVE AND CONTINUE

i If you are finished adding income for Stephanie, click the 'Done Entering Income' button. If you need to add additional income sources, click the 'Add Income' button.

BACK

ADD INCOME

DONE ENTERING INCOME

Review the Non- Student Household Members Information to verify that you included the correct information.

To add or edit a person, use the buttons and links provided.

Non-Student Household Member Information

Below are the non-student household members currently on the application. To add or edit a person, use the buttons and links below.

EDIT REMOVE Jane Doe	
Details	Income
	\$1,200.00 / 2wks

i If you are finished adding household members to this application, click the 'Done Adding Household Members' button. If you need to add an additional household member, click the 'Add Household Member' button.

[BACK](#) [ADD HOUSEHOLD MEMBER](#) [DONE ADDING HOUSEHOLD MEMBERS](#)

Additional Information

Please enter the information requested

Contact Information

Contact Information

Email Address

Confirm Email Address

Primary Phone

Secondary Phone

Information Disclosure (Optional) – click yes or no

Allow my district to share my information with Medicaid/MCHIP programs? Yes No

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with WIC. Yes No

YES, I want information shared from the Free and Reduced-Price Meal Benefit Application with Supplemental Nutrition Assistance Program (SNAP). Yes No

Ethnicity (Optional)

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 does not affect your children's eligibility for Free and Reduced-Price Meals. Enter any/all of your children's ethnic identities. **This section is optional.**

Review Your Application

Please review all of the information you have entered on your application. If you need to make any changes, please do so now.

When you are ready to submit your application,

Check the box provided and type your full name – This serves as your electronic signature

Submit the application

Review & Sign Your Application

Please fix any problems with your application (if applicable)

1 problem with your application has been found

You must click the box certifying all information is correct.

I, Jane Doe, certify that (Number) of people are in my household and that our household income is about \$0.00 Monthly.

To sign this application, type your full name

(Note: According to the information you provided, you should sign this application as (Your full name))

SUBMIT MY APPLICATION