Application Instructions

You are submitting an application for the 2015-2016 School Year. Application Instructions will help guide you through the application process.

It is recommended you gather any household income information needed and review your household members in the Household Information section of the Portal for accuracy prior to starting the online application. The USDA's definition of a household member is any child or adult living with you.

An electronic signature PIN is required to submit your online Meal Benefits Application. If you do not have an electronic signature PIN created you will be required to do so prior to starting your online Meal Benefits Application. Prior to submitting your application you will be allowed five attempts to enter your PIN, if you fail on the fifth attempt you will be locked out and the information you entered will be lost. Your PIN will need to be reset prior to submitting a new online Meal Benefits Application.

For security purposes the Campus Portal is set to automatically log users out after a set amount of time due to inactivity. To assist in preventing an automatic log out due to inactivity, there is a timer located in the bottom right corner of each screen. As you navigate to each screen, the timer will start to count down and alert you when there is five minutes remaining. If you are logged out due to inactivity prior to reaching the final 'Submitted' step, the information will not be saved and you will have to restart the online application process.

Signer Confirmation

Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Quit' if you are not this person or if you do not wish to continue.

You are applying for meal benefits for all household members living at the address below. If the address is incorrect, you may update it in the Household Information section of the Portal.

Household Members

Household Members are listed below. You must confirm each person living in your household by selecting the check box next to their name. If a person listed below is no longer living in your household, do not check the box next to their name. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information or uncheck the application signer. After you have identified and/or added household members select 'Next' to continue.

Adding Household Members

Select the type of person you are adding to your household, either student or non-student. A student is a person who will be enrolled in the school district during the school year. A non-student is a person who will not be enrolled in the school district during the school year. Complete the required fields and select 'Save' when finished or 'Cancel' to return to the household members screen.

Adding Meal Benefits

Select the name of the household member who receives the benefit and enter the benefit case number. Select 'Next' to continue.

Student Members

Student Members of the household must be confirmed by selecting the check box next to their name. A student is a person who will be enrolled in the school district during this school year. Non-student members should not be selected. After you have identified student members select 'Next' to continue.

Foster Children

Foster Children must be confirmed by selecting the check box next to their name. Enter any income the foster child receives. After you have identified foster children select 'Next' to continue.

Migrant, Homeless and Runaway Children

Migrant, Homeless and Runaway Children must be confirmed by selecting the Student Indicator in the drop list. After you have identified Migrant, Homeless and Runaway children select 'Next' to continue.

Household Income

Income must be entered for each household member. If a household member has no income, check the no income box. If the household member has income, select the Add Income button. After you have identified income for each household member select 'Next' to continue.

Summary Review

Review the household information below for accuracy. If any of the information is incorrect, select 'Previous' to go back and correct the data. After household information is reviewed select 'Next' to continue.

Authorizations

You must respond to [insert appropriate options here] and read the authorization statement below. By selecting 'Accept' you agree to the authorization statement and you will be taken to the Electronic Signature PIN entry screen to submit the application.

By selecting 'Decline' you do not agree to the authorization statement, the application will be cancelled and your information will no longer be available. If you choose to 'Decline' you may enter another application at any time.

Sharing Information with Medicaid/SCHIP

Because health insurance is so important to child(ren)'s well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced meals, UNLESS YOU TELL US NOT TO. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Meal Benefits Application does not automatically enroll your children in health insurance.

If you do not want your school district to share your information with Medicaid or SCHIP, please select 'No' below.

Allow my district to share my Meal Benefits Application information with Medicaid?
    Yes   No

Allow my district to share my Meal Benefits Application information with SCHIP?
    Yes   No

Social Security Number

The income section of this application has been filled out. You are required to provide the last four digits of your SSN. Please enter the last four digits of your SSN or mark the "I do not have a SSN" box.

Authorization Statement

I certify (promise) that all information on this application is true and that all income (if required) is reported. I understand that the school will receive Federal funds based on the information I provide. I understand that school officials may verify (check) the information. I understand that if I purposely provide false information, my children may lose benefits, and I may be prosecuted.