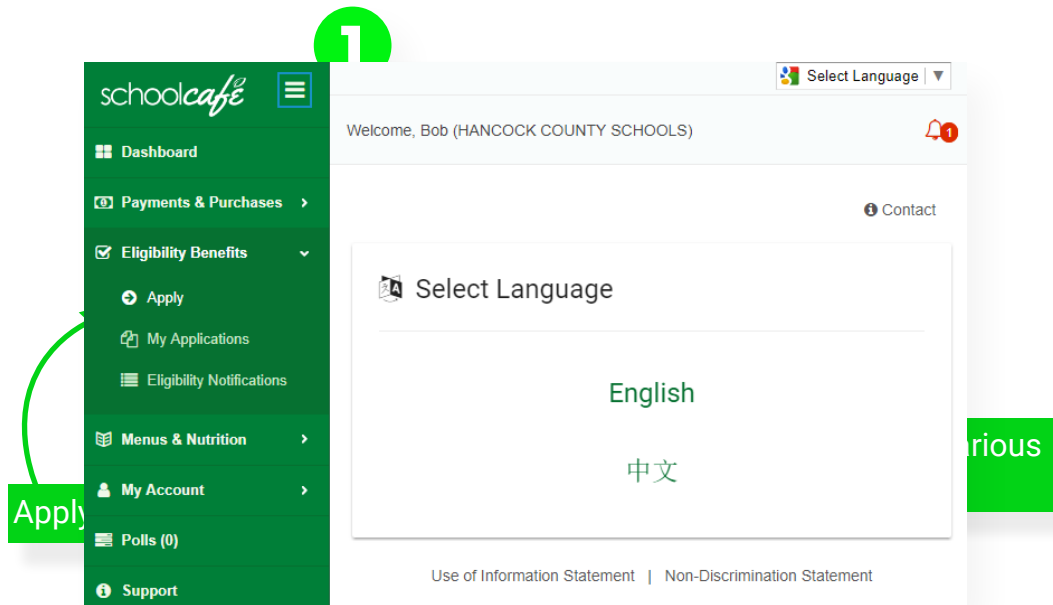


schoolcafé

Quick Card

1



The screenshot shows the SchoolCafé dashboard. On the left is a green sidebar with a menu. The 'Apply' button under 'Eligibility Benefits' is highlighted with a green box and a green arrow. A green circle with the number '1' is in the top right corner of the dashboard area.

schoolcafé

Dashboard

Payments & Purchases

Eligibility Benefits

Apply

My Applications

Eligibility Notifications

Menus & Nutrition

My Account

Polls (0)

Support

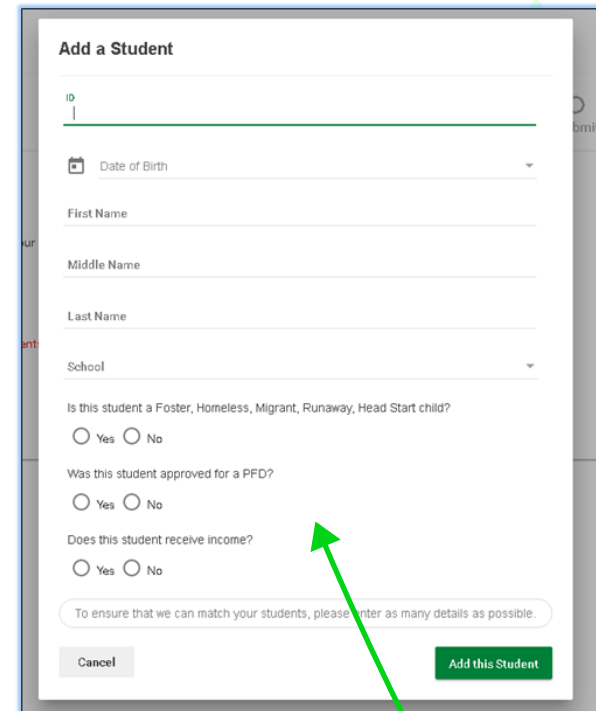
Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

English

中文

Use of Information Statement | Non-Discrimination Statement



The screenshot shows the 'Add a Student' form. A green arrow points from a green box labeled 'Add Details: such as Income, or if your Student is Foster or Homeless' to the 'Add this Student' button. A green circle with the number '2' is in the top right corner of the form area.

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

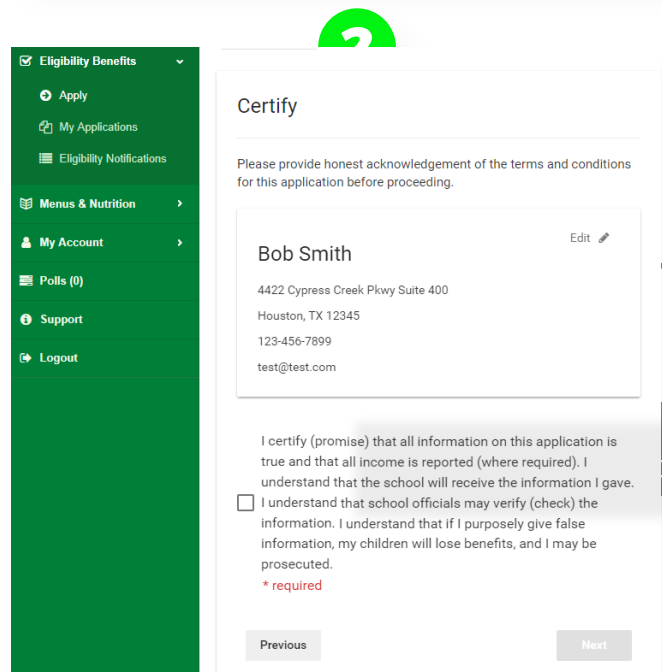
Does this student receive income?

Yes No

To ensure that we can match your students, please enter as many details as possible.

Cancel Add this Student

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



The screenshot shows the 'Certify' page. A green arrow points from a green box labeled 'Edit In' to the 'Next' button. A green circle with the number '3' is in the top right corner of the page area.

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

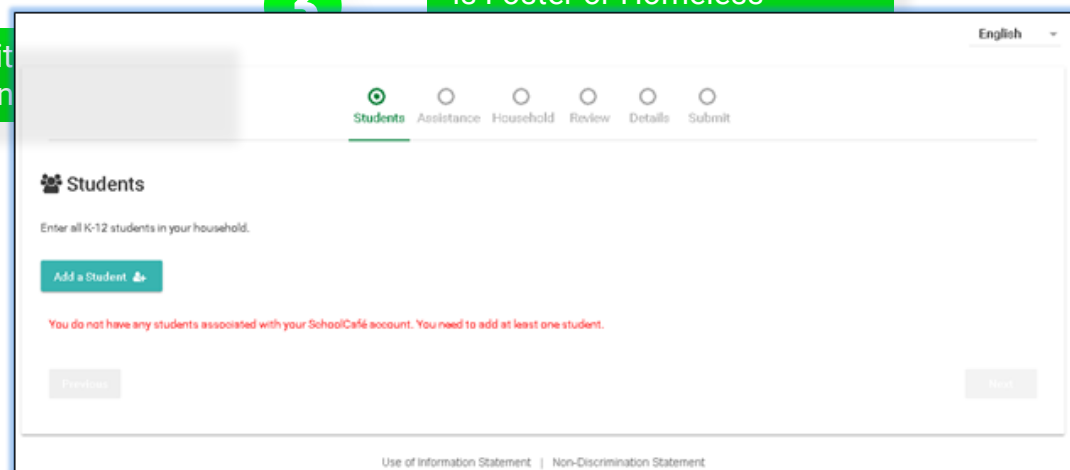
I certify (promise) that all information on this application is true and that all income is reported (where required). I understand that the school will receive the information I gave.

☐ I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children will lose benefits, and I may be prosecuted.

* required

Previous Next

Edit In



The screenshot shows the 'Students' page. A green arrow points from a green box labeled 'Add Details: such as Income, or if your Student is Foster or Homeless' to the 'Add a Student' button. A green circle with the number '3' is in the top right corner of the page area.

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

schoolcafé

Quick Card

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, Runaway, or Unaccompanied?

☐ Yes ☐ No

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

☐ Yes ☐ No

Answer Questions
about your Household

* required

* required

* required

2

Return to a Previous

English

Contact

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](#)

[Use of Information Statement](#) | [Non-Discrimination Statement](#)

Reject Income
if Needed

English

Students Assistance Household Review Details Submit

Assistance

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

☐ Yes ☒ No

[Previous](#) [Next](#)

[Use of Information Statement](#) | [Non-Discrimination Statement](#)

English

Students Assistance Household Review Details Submit

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

What is your case number?

Case Number
123456789|

Case number must be 10 digits.

Number of Digits is Validated
to Ensure Accuracy

schoolcafé

Quick Card

7

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

Assistance

Go Back to Assistance

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

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)

Previous

Next

Review your Application Information

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

Return to Previous Steps to Adjust Any Information

Assistance Information

After Submitting, you'll Receive an Application Copy

Print or Download a Copy of your Application

8

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 not completed, an 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

Bob Smith

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

Submit My Application

Digitally Sign your Online Application

Submit your Application

9

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.

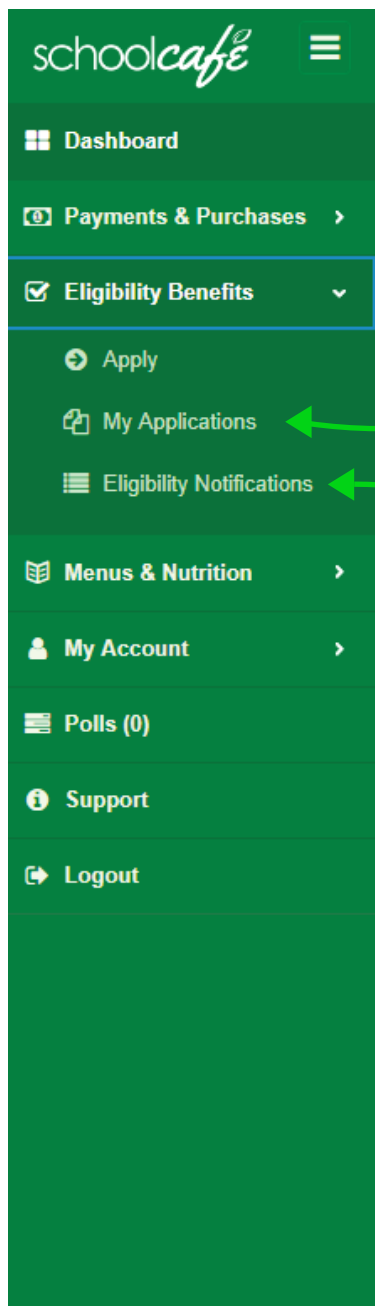
Copy of your application

2017 - 2018 Application for Free and Reduced Price Meal									
STEP 1 - All Children to the Household									
Student ID	Last Name	First Name	MI	DOB	Student?	School Code	Grade	Direct Approve	
100081					<input type="checkbox"/>				
100732					<input type="checkbox"/>				
STEP 2 - Assistance Programs									
Do any household members (including you) currently participate in SNAP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If you answered NO - Complete STEP 2. If you answered YES - Please add SNAP case number in STEP 4.									
STEP 3 - Household Member Income (Skip this step if you answered 'Yes' in STEP 2)									
Please list all household members (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. 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 / 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 Household Member: 1234 Check if no SSN: <input type="checkbox"/>									
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 to the school district, and the school district may verify this information. I am aware that if I provide false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.									
Printed name of adult completing the form		Signature of adult completing the form		Today's Date					
Bob Smith		[Signature]		05/11/2017					
Street Address (if available)		City		State		ZIP Code			
870 Easy St		Palmer		MA		01245			
Home Phone Number		Work Phone Number		Email					
(214) 438-8445				bbsmith@primeronline.com					
Optional - Children's Racial and Ethnic Identifiers									
Ethnicity: Race:									
<div>Print Download</div>									
I need to apply for more students. Start another application.									

schoolcafé

Quick Card

4

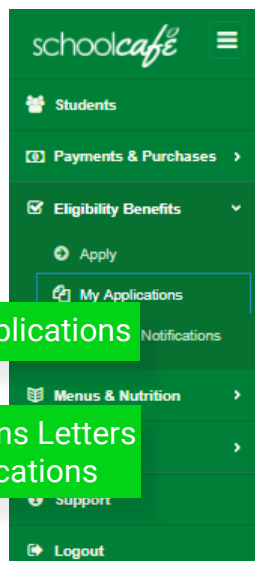


schoolcafé

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

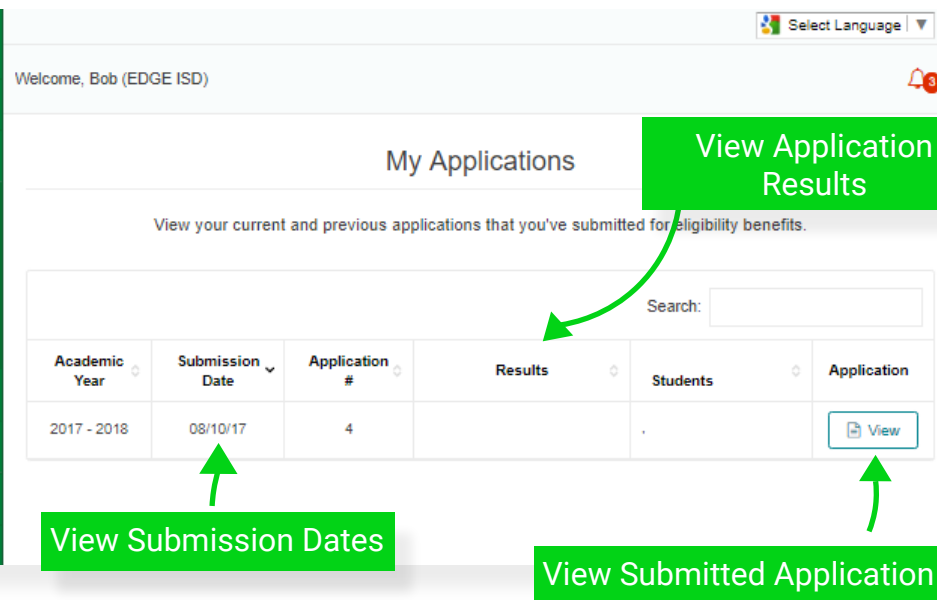
View Previous Applications

View Notifications Letters Regarding Applications



schoolcafé

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



Welcome, Bob (EDGE ISD)

My Applications

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

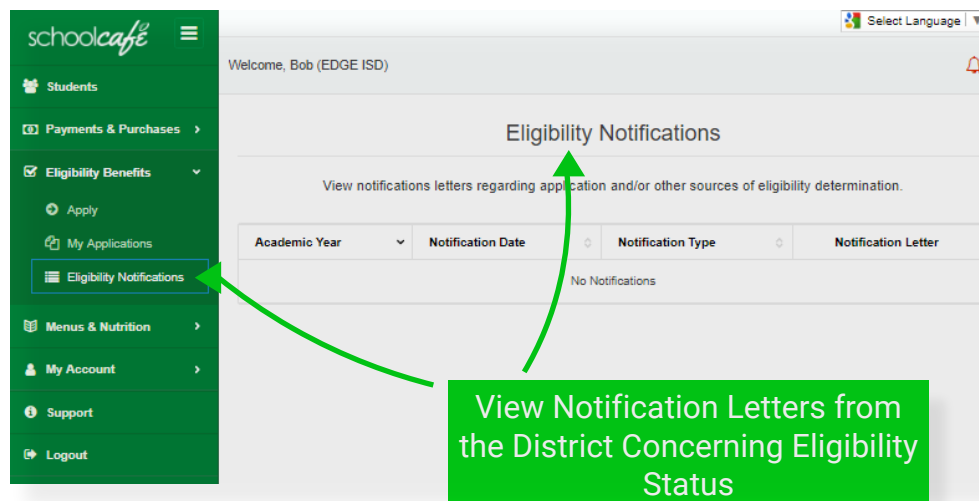
Search:

Academic Year	Submission Date	Application #	Results	Students	Application
2017 - 2018	08/10/17	4			View

View Application Results

View Submission Dates

View Submitted Application



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