

## A Guide to Creating Free/Reduced Applications Using MealTime Apply Online

Note: Apply Online uses these arrow symbols () to enable you to navigate through your application. After each step below, click the right-facing arrow to move forward to the next step. Click the left-facing arrow if you need to return to a previous page.

## **Creating and Submitting a New Application**

1. Open your internet browser and go to www.mymealtime.com/apps. (Your student's school or district may have provided a link to Apply Online from their website.)

Sign In	MaalTime Apply Online is a secure and convenient way to apply for free and
Usemana Password	reduced meals benefits from the privacy your home. You'll know your application was submitted completely and accurately, and your school will be able to make a determination of eligibility without delay.
Sign in Create new profile Forgot password?	Learn more about online applications     Manage your student's cafeteria account with MyHealTime
• En español	

2. If you already have a My MealTime account, use the same Username and Password to log into MealTime Apply Online. If you have forgotten your Username or Password, click the 'Forgot password?' link. If you have not yet created an account, click the 'Create new profile' link.

Note: This page can be viewed in Spanish by clicking the 'En Espanol' link.



3. To create a new application, click the 'New Application' button. To return to an application that has already been started, click 'Application in Progress'. You can view past applications by clicking the 'Past Applications' button.

New Application	Application in Progress	Past Applications
tart your new application for his school year.	Currently you have no unfinished applications.	Currently you have no Past Applications
Start an Application		

Select your State and the school or school district your students attend. When finished, click the right-facing arrow.
 Make sure to select iLEAD California as your district.

Select the Distri	ict Your Students Attend	
In order for your apple school district your stu	cation to be submitted correctly, we must idents attend.	identify the
Select your state first,	then your school district.	
State:		
	*	
District:		
	•	
		GO



5. Click the 'Information on Free and Reduced Price Meals' link to get information from your School or District. It will open on a new browser tab.

## Learn About Your Application...

Understanding the free and reduced price meals application process helps you complete your application more quickly and accurately. Please take the time to read the information your school district has provided by clicking the links below.

#### Information on Free and Reduced Price Meals School District

# If you have not already done so, please review the *MealTime Applications* <u>Terms of Use</u> and <u>Privacy Policy</u>.

USDA NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.





6. Select the application type for your household.



The information we collect for your free and reduced price meals application can vary depending on your household situation.

Please select your application type from the list below.

OFor <u>Any</u> Household with <u>Any</u> Members Receiving SNAP\*\*, TANF, or FDPIR Assistance

○ For all other Households

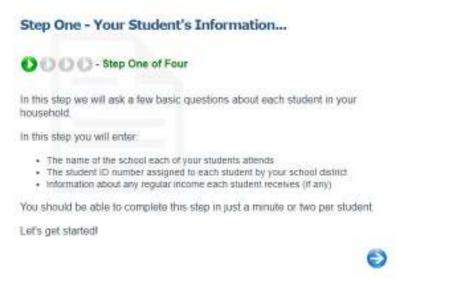
\*\*SNAP is the Supplemental Nutrition Assistance Program (formerly Food Stamps)

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their program rules.



### Step One

7. In Step One, you will add one or more students to your applications. This first page provides an overview of the information needed to add your student(s) to an application. Please read the information. When finished, click the right-facing arrow.





8. Enter the student's first name and student ID number.

Note: The student ID number can be obtained from the office at your student's school or district. For confidentiality reasons, MealTime cannot provide this ID to parents. The school ID number is found by entering the school code 508\_ and then your learners Local Student ID code that can be found in your School Pathways account or by contacting the office at betty.lara@ileadav.org. Example: 508\_00011

Add a Student to Your Application	
Simply enter the student's first name and his/her school district assigned ID number below.	
First Name:	
Student ID:	
	6

9. Enter the student's birthdate. From the drop-down list, select the school they attend, and select their grade. If your student qualifies as a Foster, Homeless, Migrant, or Runaway child, select accordingly. If not, select 'None'.

Add	Stud	ent	Infor	mation

The information below will help ensure your student is properly identified. Please enter the birthdate, school, grade and choose a status for Heidi below:

Birthdate:		(mm/dd/yyyy)		
School:				
		~		
Grade:				
		×		
Does this	student qua	lify as		
○ Foster	○ Homeles	s OMigrant	<b>Runaway</b>	ONone
If you have	questions re	garding your st	udent's status,	please contact y

If you have questions regarding your student's status, please contact your school district for assistance: School District





10. If the student has an income, enter it here along with the frequency this income is earned. If they do not earn an income, select 'No Income'.

Note: Income from other household members should *not* be included in this section.

It is importa and how off	dent Income Inform In that you enter the amount en in the appropriate row be onth should be listed.	of any gr	oss income Heidi receives.
If Heidi has	no income at all, check the '	No Incom	e' box below
Eernings	From Work Before Deductio	onsc	
5	I - How Offen	v	No Income
Welfare,	Child Support, Alimony:		
\$	/ - How Otten	×	
Pensions	, Retirement, Social Security	y:	
5	/ How Often	*	
All Other	Income:		
5	/ - How Often	×	
		200	00

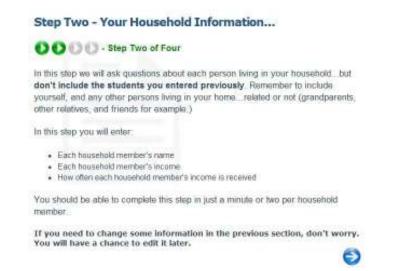
11. Review the information for the student you added. If you have additional students to add, click the 'Add Another Student' button.

lance muinu the	list of students below. It	internet in els	of all shotsake is	initiat im
	ho do not receive SNAF			
20일, 20일, 20일, 20일, 20일, 20일, 20일, 20일,	students using the 'Add A	Another St	udent' button Wh	ien your
	complete, click the blue			next
st of students is				next
st of students is tep	complete, click the blue	arrow but!	on to move to the	Edk



## **Step Two**

12. In Step Two you will be entering all non-student household members that live at your residence. Each household member should be entered individually with their individual income.



#### 13. Enter the information for the first household member.

## Add a Household Member...

Please enter the first, m who will be signing this a	ddle, and last names of the adult household member application.
First Name:	
Jane	
Middle Name:	
Last Name:	
Abbott	

14. Enter the household member's income and frequency. If they have no income, select 'No Income'.

#### Enter Household Member Income...

It is very important that you enter the amount of any gross income Sally receives and how often in the appropriate row below. All gross income Sally received as of last month should be listed.

If Sally has no income at all, check the 'No Income' box below.

\$		How Often	~
Welfare,	Child Sup	port, Alimony:	
\$	1	How Often	~
Pensions	, Retirem	ent, Social Security	y:
\$	1	How Often	v
All Other	Income:		
\$	1	How Often	~



GO

No Income

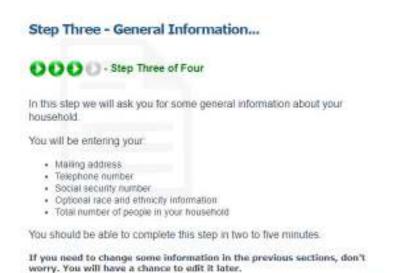


15. Review the information for the household member you added. If you have additional household members to add, click 'Add another household member'.

Please review the list of hou students living in your hous	usehold members below. It must sehold.	include all non-
	I members using the 'Add anothe r list of household members is co	
blue arrow button to move t	9394 (NASCONSC	
The second se	o the next step. Annual Income	
blue arrow button to move t	9394 (NASCONSC	Edt

## **Step Three**

16. In Step Three, you will enter the general information required to complete the application. The first page explains what information is required.





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17. From the drop-down list, select the adult family member who will sign the application. Enter the remaining information.

Add Househol	d Information		
		nember who will sign the d information as possible	
Signing Adult:	in an		
Mailing Address: 123 Any Street	_	Apt/Ste:	
City: Anytown	State: Oregon	Zip:	
Phone Number: 123 - 555 - 12	234		
edults):	mber of people in yo	ur household (children	and
2			Ge

18. Enter either the last four digits of the signer's Social Security Number. If they do not have one, select 'No Social Security Number'.

Add Application Signer's SSN	
If Sally Smith has a Social Security Number, enter the space provided below. If Sally does not have a check the 'No Social Security Number' box	
Social Security Number: XXX - XX -	
- or -	
No Social Security Number	GO

**19**. The selection of Race and Ethnicity Information is optional.





20. If your school district offers additional benefit such as Medical Programs, Field Trips, etc., then select the appropriate benefit(s). Then, select the student(s) who will receive these benefit(s).

Sel	ect Addition	nal Bene	fits	
to sh price	are my child's na	me and elig	checked below, I want ability status (approved inistrator at my child's s	
	eld trips fee wai istructional mat	hool progra iver/reduct erials (e.g.	ims fee waiver/reduct	r/reduction
	Student Name	Birthdate	Student ID Number	School
				GO

## **Step Four**

21. In Step Four, you will sign and submit your applications. This first page provides an overview of the confirmation and submission information required to complete and submit your application.

Make sure to fill out your full name (including middle name if it was included)





22. Upon completion of the application, the signer will be prompted to digitally sign the application by entering their name twice. Enter the signer's name exactly as spelled under the Signing Adult.

Children in Schoo	ol							
Student's Nan	ne	Sch	School S		Status	Birthdate	SNAP/TANF #	
Heidi		Willamette H	ligh School	N	one	1		
Household Memb	er Inco	me			ununununun			
Household Member Name		gs from work e deductions	Welfare, Support, A			ons, retirement, cial Security	All Other income	No Income
Heidi								No Incom
Sally Smith	\$1,000.00	) / Twice a month						
Signature and Ho	ousehold	I Information						
Sally Smith Social Security [not provided] Mailing Address 123 Any Street 55 Anytown, Oregon Phone Number: 123-555-1234 Total Household 2	: n 97223	: Confirm	re: (signing adul			ame again here)		
Student Racial an Mark one or more Asian White			an	cific Islan	der	Black or	African Ame	rican
Mark one ethnic i	dentity:	- nouve noviali	an or other Fa	carre 19rdill	9191	- Nace Ou		
and show out the fight	- stiller i							
Hispanic or La	tino	Not Hispanic o	or Latino					

Note: Clicking 'Submit Now' will prompt the message below. Clicking 'Submit Later' will save the application for future submission.



23. If you clicked 'Submit Now' in the previous step, the message below will display. Click 'Yes' to confirm. Click 'No' to return to the previous step.

Are you sure yo	u want to submit this	s application?	
	tion is submitted to yo make changes you wil		

24. Once an application has successfully been submitted, the signer will have the option to do any of the following:

Your Free and	Reduced	Price Me	als Applica	tion Has	Been Subi	nitted
2010/01/02/2010	1200002010	2014/03/02	2000000000000	NA ALAKA MAR	STREET, STREET, ST	97536

Your Free and Reduced Price Meals Application is now available to your school district's 'Approval Determining Official.' In most cases your school district will notify you of the Application's status within 19 business days.

- 🕚 View or Print This Application
- E Submit a New Application
- MealTime Applications Home
- 🖭 MealTime Online Home



25. If you would like to view or print your application click View or Print this Application. See example below.



#### Application Permission to Share 2008/2009 **Confidential Meal Eligibility Status**



Dear Parent or Guardian:

If you are interested in the possibility of additional benefits for your child, the district must have your permission to share your child's same and meal alighbility status (i.e. approved for Free, or Reduced Price meals), with the other programs that offer benefits.

any give paramission to the district to release your child's name and meal eligibility status for All opportunities listed below (Option 1), or for only Specific opportunities (Option 2). <u>Returning this form will not charge whether your</u> child receives dress or reduced price school meals.

If you do NOT want to give permission for your child's name and meal eligibility information to be released, STOP HERE and do NOT complete this form. Your child's eligibility status for free or reduced price school meals will

HeAd bind do rol compose una come i come tanta e engeneral parameter a restructure preference preference aux child's Yesh across and alighbility strata (approvad for free or reduced price anal benefits) with the administrator at my child's chool to documine any child's signifianty for: 
 [Medical Programs (e.g. eve glasses/densa)]
 [Before or (After tricked programs fee waiver/reduction
 [Instructional materials (e.g. consumable workbooks) fee waiver/reduction
 [Student body card fee waiver/reduction (Middle or High School)

The Meal Benefits Office will only share our child's confidential eligibility information with the school administrator in charge of the opportunities you selected

Student Name	Birthdate MM/DD/YYYY	Student ID Number	School
1.	1 1	See Section 25	20002000000
2.	1 1		
3.	1 1	8	
4.	1 1	8	
5.	1 1		
Pleas	e list additional student name on a separate sheet.	and attach to this document	

Signature of Parent/Guardian: \_ 

ated Name of Parent/Guardian: Pri

Current Phone Number: USDA, and the State of Oregon are equal opportunity providers, educators and employers.



Required to process request