





## 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](http://www.mymealtime.com/apps). (Your student’s school or district may have provided a link to Apply Online from their website.)






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 Español' 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.

Apply for your student's free and reduced price meals here. Click below to start or resume an application. When you're finished, we'll make sure to securely deliver it to your school district. To see applications you submitted earlier, click on Past Applications below.

New Application	Application in Progress	Past Applications
		
Start your new application for this school year. <a href="#">Start an Application</a>	Currently you have no unfinished applications.	Currently you have no Past Applications.

4. 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 District Your Students Attend...

In order for your application to be submitted correctly, we must identify the school district your students attend.

Select your state first, then your school district.

State:

District:



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* [Terms of Use](#) and [Privacy Policy](#).

**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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



6. Select the application type for your household. .

## Choose Your Application Type...

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.

For **Any Household with Any Members Receiving SNAP\*\*, TANF, or FDIPIR 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 FDIPIR 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 programs, auditors for program reviews, and law enforcement officials to help them look into violations of 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. 

### Step One - Your Student's Information...

 - Step One of Four

In this step we will ask a few basic questions about each student in your household.

In this step you will enter:

- The name of the school each of your students attends
- The student ID number assigned to each student by your school district
- Information about any regular income each student receives (if any)

You should be able to complete this step in just a minute or two per student.

Let's get started!



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](mailto: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:



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 Student Information...

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 qualify as

Foster  Homeless  Migrant  Runaway  None

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



- 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.

### Add Student Income Information...

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

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

Earnings From Work Before Deductions:  
 \$  / -- How Often --   No Income

Welfare, Child Support, Alimony:  
 \$  / -- How Often --

Pensions, Retirement, Social Security:  
 \$  / -- How Often --

All Other Income:  
 \$  / -- How Often --



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

### Review Students...

Please review the list of students below. It must include all students living in your household who **do not** receive SNAP, TANF, or FDPIR assistance.

Continue adding students using the 'Add Another Student' button. When your list of students is complete, click the blue arrow button to move to the next step.

Student's Name	School	Status	Annual Income	
Heidi	Willamette High School	None	No Income	<input type="button" value="Edit"/>



## 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.

### Step Two - Your Household Information...

 - Step Two of Four

In this step we will ask questions about each person living in your household... but **don't include the students you entered previously**. Remember to include yourself, and any other persons living in your home...related or not (grandparents, other relatives, and friends for example.)

In this step you will enter:

- Each household member's name
- Each household member's income
- How often each household member's income is received

You should be able to complete this step in just a minute or two per household member.

If you need to change some information in the previous section, don't worry. You will have a chance to edit it later.



13. Enter the information for the first household member.

### Add a Household Member...

Please enter the first, middle, and last names of the adult household member who will be signing this 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.

**Earnings From Work Before Deductions:**  No Income  
\$  / -- How Often --   
**Welfare, Child Support, Alimony:**  
\$  / -- How Often --   
**Pensions, Retirement, Social Security:**  
\$  / -- How Often --   
**All Other Income:**  
\$  / -- How Often --



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

### Review Household Members...

Please review the list of household members below. It must include all **non-students** living in your household.

Continue adding household members using the 'Add another household member' button. When your list of household members is complete, click the blue arrow button to move to the next step.

Person's Name	Annual Income	
Sally Smith	\$24,000.00	<input type="button" value="Edit"/>



## 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.

### Step Three - General Information...

- Step Three of Four

In this step we will ask you for some general information about your household.

You will be entering your:

- Mailing address
- Telephone number
- Social security number
- Optional race and ethnicity information
- Total number of people in your household

You should be able to complete this step in two to five minutes.

**If you need to change some information in the previous sections, don't worry. You will have a chance to edit it later.**





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

### Add Household Information...

Select the name of the adult household member who will sign this application and enter as much of the other household information as possible.

Signing Adult:  
Sally Smith

Mailing Address:  
123 Any Street

Apt./Ste:  
55

City:  
Anytown

State:  
Oregon

Zip:  
97223

Phone Number:  
123 - 555 - 1234

What is the total number of people in your household (children and adults):  
2



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 last four digits of it in the space provided below. If Sally **does not** have a social security number, check the 'No Social Security Number' box.

Social Security Number:  
XXX - XX -

- or -

No Social Security Number



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

### Add Optional Race and Ethnicity Information...

Please review the list of items below and check any items applicable to the students on your application. NOTE: 'The Student Racial and Ethnic Group' sections are optional and do not affect eligibility.

#### Student Racial and Ethnic Group (Optional)

Mark one or more racial identities:

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian
- White
- Race Other

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino





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).

### Select Additional Benefits...

Yes, for the specific opportunities checked below, I want the Meal Benefits Office to share my child's name and eligibility status (approved for free or reduced price meal benefits) with the administrator at my child's school to determine my child's eligibility for:

- Medical Programs (e.g. eye glasses/dental)
- Before or After school programs fee waiver/reduction
- Field trips fee waiver/reduction
- Instructional materials (e.g. workbooks) fee waiver/reduction
- Student body card fee waiver/reduction (Middle or High School)

	Student Name	Birthdate	Student ID Number	School
<input type="checkbox"/>				

## 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)**

### Step Four - Confirmation and Submission...

 - Step Four of Four

The next page is a summary of all application information you have entered so far. Review the information carefully to confirm it is correct (you will be able to edit it if needed.)

Once the information is correct, the **adult signing this application must enter his/her full name twice** (once in each of the signature boxes.) This will serve as the 'digital signature' for the application.



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.

**Confirm and sign your student's "Free and Reduced Price Meals" application for Bethel School District below:**

Children in School				
Student's Name	School	Status	Birthdate	SNAP/TANF #
Heidi	Willamette High School	None		

Household Member Income					
Household Member Name	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, retirement, Social Security	All Other income	No Income
Heidi					No Income
Sally Smith	\$1,000.00 / Twice a month				

**Signature and Household Information**

An adult household member must sign the application. If the Household Member Income section is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

**Signing Adult:**  
Sally Smith

**Social Security Number:**  
[not provided]

**Mailing Address:**  
123 Any Street  
55  
Anytown, Oregon 97223

**Phone Number:**  
123-555-1234

**Total Household Members:**  
2

**I have read and understand the paragraph above.**

**Signature:** (signing adult enters name here)

**Confirm Signature:** (signing adult enters name again here)

**Student Racial and Ethnic Group (Optional)**

Mark one or more racial identities:

Asian
  American Indian
  Black or African American  
 White
  Native Hawaiian or Other Pacific Islander
  Race Other

Mark one ethnic identity:

Hispanic or Latino
  Not Hispanic 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 you want to submit this application?**

Once this application is submitted to your district you will not be able to edit or 'unsubmit' it. To make changes you will need to submit a new application.

Submit the application?

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 Meals Application Has Been Submitted**

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 10 business days.

- [View or Print This Application](#)
- [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.

Children in School					
Student's Name	School	Teacher	Birthdate	SNAP/TANF #	
Lance D Abbott	CJM Valley View School	No	11/1/1992		

Household Member Income					
Household Member Name	Earnings from work before deductions	Yr/sem, Child Support, Alimony	Pensions, retirement, Social Security	All Other income	No Income
Lance D Abbott					No Income
Jane Abbott	\$1,200.00 / Once a month				

**Signatures and Household Information**

An adult household member must sign the application. If the Household Member Income section is completed, the adult signing the form must also be his or her Social Security Number or work that "I do not have a Social Security Number" box. (See Privacy Act Statement.) I declare (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, the children may lose meal benefits, and I may be prosecuted.

**Signing Adult:** Jane Abbott  
**Social Security Number:** 555-55-2239  
**Mailing Address:** 123 any street  
 Portland, Oregon 97001  
**Phone Number:** 543-456-7890

**Signature:** Jane Abbott

**Student Racial and Ethnic Group**

Mark one or more racial identities:

Asian  American Indian  Black or African American  
 White  Native Hawaiian or Other Pacific Islander  Race Other

Mark one ethnic identity:

Hispanic or Latino  Not Hispanic or Latino

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

**DID YOU KNOW?** Your child may be eligible to receive other benefits provided by the school district if he or she is approved for Free or Reduced-price meals.

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 name and meal eligibility status (i.e. approved for Free, or Reduced Price meals), with the other programs that offer benefits.

You may give permission 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). **Returning this form will not change whether your child receives free 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 not be shared.

Yes, for ONLY the specific opportunities checked below, I want the Meal Benefits Office to share my child's name and eligibility status (approved for free or reduced price meal benefits) with the administrator at my child's school to determine my child's eligibility for:

- Medical Programs (e.g. eye glasses/dental)
- Before or After school programs: fee waiver/reduction
- Field trips: fee waiver/reduction
- Instructional material: (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. _____	/ /		
2. _____	/ /		
3. _____	/ /		
4. _____	/ /		
5. _____	/ /		

*Please list additional student names on a separate sheet and attach to this document.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*Required to process request*

Printed Name of Parent/Guardian: \_\_\_\_\_  
*Required to process request*

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

