

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

 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.)



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.



4. Select your State and the school or school district your students attend. When finished, click the right-facing arrow.





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.

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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.

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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.

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

O 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 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... 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 IO 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.

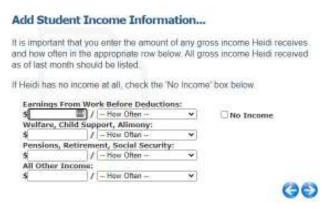


9. Enter the student's birthdate. From the drop-down list, select the school they attend, and select their grade. If your student qualifies as a Foster, Homeless, Migrant, or Runaway child, select accordingly. If not, select 'None'.

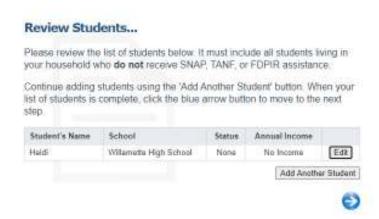


10. If the student has an income, enter it here along with the frequency this income is earned. If they do not earn an income, select 'No Income'.

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



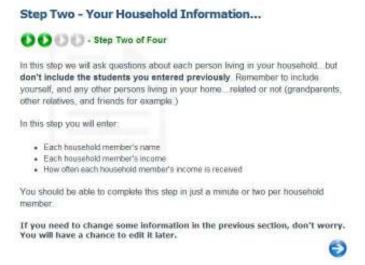
11. Review the information for the student you added. If you have additional students to add, click the 'Add Another Student' button.





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, middle, and last names of the adult household member who will be signing this application. First Name: Jane Middle 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 Securit	y:	
\$	1	How Often	~	
All Other	Income:			
\$	1	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'.



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.





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



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'.



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

Add Optional Race and Ethnic	city Information
Please review the list of items below and students on your application. NOTE: The sections are optional and do not affect eli	Student Racial and Ethnic Group'
Student Racial and Ethnic Group (Optional) Mark one or more racial identifies: Asian Black or African American Native Hawaiian or Other Pacific Islander	☐ American Indian ☐ White ☐ Race Other
Allerk 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).



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.





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 Scho	ol							
Student's Name		Sch	School		Status Birthdate		SNAP/TANF#	
Heidi		Willamette F	ligh School	N	lone			
Household Meml	ber Inco	me						
Household Member Name		ngs from work re deductions	Welfare, Support, A			ons, retirement, cial Security	All Other income	No Incom
Heidi								No Incon
Sally Smith	\$1,000.0	0 / Twice a month						
Signature and He	ousehol	d Information						
Social Security [not provided] Mailing Address 123 Any Street 55 Anytown, Orego Phone Number: 123-555-1234 Total Household 2	s: n 97223	Confirm	re: (signing adul			ame aga <mark>in</mark> here)		
	nd Ethn	ic Group (Optiona	il)					
Mark one or more	e racial id	denties: American Indi	an			Black or	African Ame	rican
Mark one or more	e racial id	ESSENCE PARAMONICAL	911)	cific Islar	nder	Black or Race Oth		rican
Mark one or more	identity:	American Indi	an or Other Pa	cific Islar	nder			rican

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.



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. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days.



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



		Application#	
	5.75	rmission to Sh dential Meal Eli	
	Conn	uentiai weai Eii	gibility Statu
DID YOU KNOW?	Your child may be eligible to r school district if he or she is a	eceive other benefits prov pproved for Free or Reduc	ided by the 🛱 ed-price meals. 🏻 🛱
ear Parent or Guardian:			
	sibility of additional benefits for you al eligibility status (i.e. approved for ts.		
	se district to release your child's nam uly Specific opportunities (Option 2) ted price school meals.		
school to determine m Medical Programs (e) Before og After schoo Field trips fee waiver Instructional materia Student body card fe	I program: fee waiver/reduction /reduction dis (e.g. consumable workbooks) fee e waiver/reduction (Middle or High only share our child's confidential el	waiver/reduction School)	•
harge of the opportunities you	selected. Birthdate	Student	
Student Name	MM/DD/YYY		School
	1 1		20000000
	1 1		
	1 1	1	
	1 1	3	
	1 1		
	Reese list additional student names on a separat	u sheet and attach to this document	
	7		
Signature of Parent/Guardi	7	D	ate:
	su:		ate:
	su:	D	ate:
Signature of Parent/Guardi Printed Name of Parent/Gu Current Phone Number:	ardian:	D	ate:

