

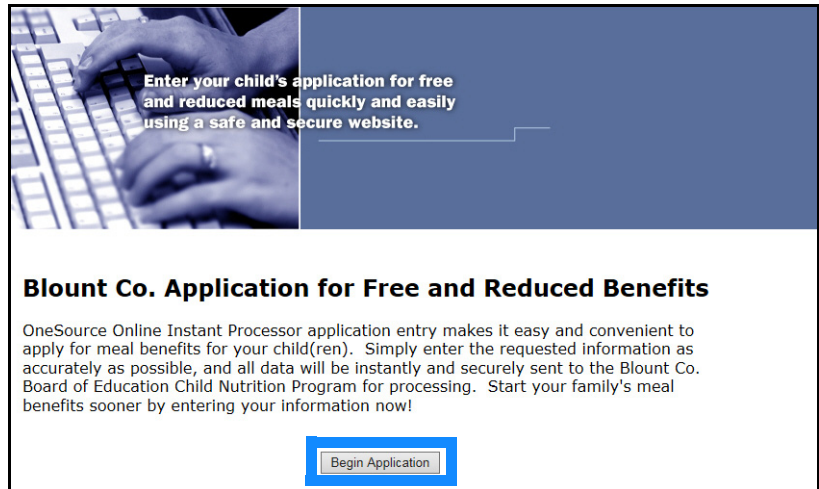
ENTERING FREE AND REDUCED ONLINE APPLICATIONS

TOPICS

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Enter an Application for a Non-Categorical Student

1. Click Begin Application.



Enter your child's application for free and reduced meals quickly and easily using a safe and secure website.

Blount Co. Application for Free and Reduced Benefits

OneSource Online Instant Processor application entry makes it easy and convenient to apply for meal benefits for your child(ren). Simply enter the requested information as accurately as possible, and all data will be instantly and securely sent to the Blount Co. Board of Education Child Nutrition Program for processing. Start your family's meal benefits sooner by entering your information now!

[Begin Application](#)

Figure 1: Begin Application page

2. After you read the FAQs, click Continue.

Sources of Income for Adults		
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	Pensions/Retirement/All Other Income <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

If you are in the U.S. Military:

- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) Write Today's Date. In the space provided, write today's date in the box.

D) Share children's Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Could not find an answer to your question?
If your question was not answered in our FAQ, please submit your question to Customer Support.

[Continue](#)

Figure 2: FAQ page

3. After you read the Terms of Agreement, click Agree.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business)Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorker's compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeteran's benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disabilityIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) Write Today's Date. In the space provided, write today's date in the box.

D) Share children's Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Could not find an answer to your question?
If your question was not answered in our FAQ, please submit your question to Customer Support.

Figure 3: Terms of Agreement page

4. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

→ Select No.

→ Click Next Step.

Do **any** Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☐ Yes ☐ No

Once you have confirmed the information is correct, click "Next Step".

1

Entering Students

2

Entering Household Members

3

Entering Address

4

Review

5

Sign and Submit

Figure 4: Assistance Programs page

5. Enter student.

- Enter the following: Date of Birth (optional), Student ID (optional), First Name, and Last Name.
- Click Next Step.

Enter in all children in the household.

Please enter the **Birthdate** for the child. Enter EITHER the child's **Student ID Number** OR **Legal First Name and Last Name** (as it exists on all student records).

Date of Birth (MM/DD/YYYY) (optional)

Student ID Number (optional)
First Name
Last Name x

Once you have confirmed the information is correct, click "Next Step".

Adding Student

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 5: Add Student page

6. Verify student information.

- Update the fields with the student's correct information.
- Click Next Step.

Please enter the child's information.

Student ID Number (optional)

First Name

Middle Initial

Last Name

Date of Birth (MM/DD/YYYY) (optional)

School (optional)

Once you have confirmed the information is correct, click "Next Step".

Verify/Update Sample Student's Information

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 6: Verify Student page

7. Is student a Foster child?

- Select Yes or No. If Yes, skip to 10.
- Click Next Step.

Is **Sample Student** a **Foster** child?

☐ Yes ☐ No

Once you have confirmed the information is correct, click "Next Step".

Sample Student's Foster Status

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 7: Foster page

8. Does the student meet any special cases?

- If applicable, select Homeless Student, Runaway, or Migrant.
- Click Next Step.

Does **Sample Student** meet any of the following **Special Cases**? If you are not sure, please contact your student's school.

☒ Homeless Student
☐ Runaway
☐ Migrant
☐ None of the Above

Once you have confirmed the information is correct, click "Next Step".

Sample Student's Status

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 8: Special Cases page

9. Enter ethnicity and race information. (Optional)

- Select the student ethnicity and race.
- Click Next Step.

Ethnicity and Race Information **(optional)**

Please select **Sample Student's** Ethnicity. If you do not want to provide this information click the Next Step button.

Please choose the applicable ethnicity

☐ Hispanic ☐ Non-Hispanic

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

Once you have confirmed the information is correct, click "Next Step".

[Previous Step](#) [Quit](#) [Next Step](#)

Sample Student's Ethnicity

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 9: Ethnicity and Race page

10. Review student details.

- Select the student ethnicity and race.
- To add another student, click Add Student. Repeat steps 5-11.
- Click Next Step.

Are these **All** of the children residing in your household? If you would like to add another child to this application, please click the **Add Another Child** button seen below.

Sample Student

Birthdate: 1/1/2001

Student ID: [Edit Student](#)

School:

Case: HOMELESS

Case Number:

Ethnicity: Unspecified

Race:

[Delete Student](#)

[Add Another Child](#)

Once you have confirmed the information is correct, click "Next Step".

[Previous Step](#) [Quit](#) [Next Step](#)

Review Student Details

1 Entering Students 2 Entering Household Members 3 Entering Address 4 Review 5 Sign and Submit

Figure 10: Student Details page

11. Add household member.

- Enter your First Name and Last Name.
- Click Next Step.

Are these **All** of the children residing in your household? If you would like to add another child to this application, please click the **Add Another Child** button seen below.

Sample Student

Birthdate: 1/1/2001

Student ID:

School:

Case: HOMELESS

Case Number:

Ethnicity: Unspecified

Race:

Once you have confirmed the information is correct, click "Next Step".

Review Student Details

1 Entering Students

2 Entering Household Members

3 Entering Address

4 Review

5 Sign and Submit

Figure 11: Household Member page

12. Enter member income.

- Enter your income frequency, Income Type, and Amount.
- Click Next Step.

How much **Income** does **Sample Parent** receive? If **Sample Parent** does not receive an income, please click **Next Step**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Please enter the amount and frequency of income, by filling in the fields and clicking the Save button for each type of income.

Frequency:

Income Type:

Amount:

Once you have confirmed the information is correct, click "Next Step".

Income for Sample Parent

1 Entering Students

2 Entering Household Members

3 Entering Address

4 Review

5 Sign and Submit

Figure 12: Household Member Income

13. Review household member details.

- Review the member's information. Edit the information if necessary.
- Enter the Social Security number for the primary wage earner, or select Please check this box if there is no Social Security Number.
- To add household members, click Add Another Household Member. Repeat steps 12-14.
- Click Next Step.

Are these **All** of the Adults residing in your household? If not, please click the Add Another Member button below.

Sample Parent

Case: None

Case Number:

Wage Income: \$15,000.00 Yearly

Delete Household Member

Edit Household Member

Add Another Household Member

Please enter the last 4 digits of the primary wage earner or other adult household member's Social Security Number: 1234

☐ Please check this box if there is no Social Security Number

Once you have confirmed the information is correct, click "Next Step".

Previous Step Quit Next Step

Review Household Member Details

1 2 3 4 5

Entering Students Entering Household Members Entering Address Review Sign and Submit

Figure 13: Household Member Details

14. Enter student income.

- Enter your income Frequency and Amount.
- Click Next Step.

How much **Income** does the **child(ren)** in your household receive? If **child(ren)** does not receive any income, please click **Next Step**.

Please enter the amount and frequency of income, by filling in the fields and choosing the frequency

Frequency

Amount

Once you have confirmed the information is correct, click "Next Step".

Previous Step Quit Next Step

Income

1 2 3 4 5

Entering Students Entering Household Members Entering Address Review Sign and Submit

Figure 14: Student Income page

15. Enter household address.

- Enter your Address, Phone, and Email information. The school will use this information to correspond with you.
- Click Next Step.

Please enter the **Address** for your household (if available). The Email address will be used for confirmation notices.

Mailing Address (if applicable)

Apt #

City

State

Zip

Home Phone Number (optional)

Work/Cell Phone (optional)

Email (Optional)

Once you have confirmed the information is correct, click "Next Step".

Review/Enter Address

1 Entering Students

2 Entering Household Members

3 Entering Address

4 Review

5 Sign and Submit

Figure 15: Household Address page

16. Authorize the school to share information.

- Indicate if you want to share your with Medicaid and the State Children's Health Insurance Program (SCHIP).
- Click Next Step.

The law allows us to tell Medicaid and SCHIP(State Children's Health Insurance Program) that your children are eligible for free or reduced price 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 Free and Reduced Priced School Meals Application does not automatically enroll your children in health insurance).

☒ Do share my student's information
☐ Do not share my student's information

Once you have confirmed the information is correct, click "Next Step".

Share Information

1 Entering Students

2 Entering Household Members

3 Entering Address

4 Review

5 Sign and Submit

Figure 16: Share Information page

17. Review application.

- Select an option to indicate if you want to share your with Medicaid and the State Children's Health Insurance Program (SCHIP).
- Click Next Step.

Sample Student
Birthdate: 1/1/2001
Student ID: [Edit Student](#)
School:
Case: None
Case Number:
Ethnicity:
Race:
[Delete Student](#)
[Add Another Child](#)

Sample Parent
Case: None
Case Number:
Wage Income: \$15,000.00 Yearly
[Delete Household Member](#)
[Edit Household Member](#)
[Add Another Household Member](#)

Address 1: 123 Elm St
Address 2:
City: Sweetholm
State: AL
Zip: 12345-6789
Home Phone:
Work Phone:
Email Address:
[Change Address](#)

Total Child Income: \$0.00
Income Frequency: none
[Edit Student Wages](#)

Permissions
Do not share my information with other Federal Agencies ☐ [Change Permissions](#)

Once you have confirmed the information is correct, click "Next Step".
[Previous Step](#) [Quit](#) [Next Step](#)

Progress Bar:
1. Entering Students
2. Entering Household Members
3. Entering Address
4. Review (Review Application)
5. Sign and Submit

Figure 17: Review Application page

18. Sign and Submit the Application.

- Select the adult who is signing the application.
- Enter the Total Household Size.
- Click Next Step.

Privacy Act Statement: This explains how we will use the information you give us.
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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Please select the adult signing this application:

A household member size is required. The size must be equal to the number of people added to this application.

Total Household Size

Once you have confirmed the information is correct, click "Next Step".

Sign and Submit Application

1

Entering Students

2

Entering Household Members

3

Entering Address

4

Review

5

Sign and Submit

Figure 18: Sign and Submit Application page

19. Print the Application.

- Click Print this Document to create a copy for your records.
- Click Exit.

This is confirmation that your application for Free and Reduced Price Meal Program for the students listed below has been sent.

This information is being transmitted to your student's School Food Service Office for evaluation.

The **confirmation number** for this transaction is: 11530501

Please keep it for your records.

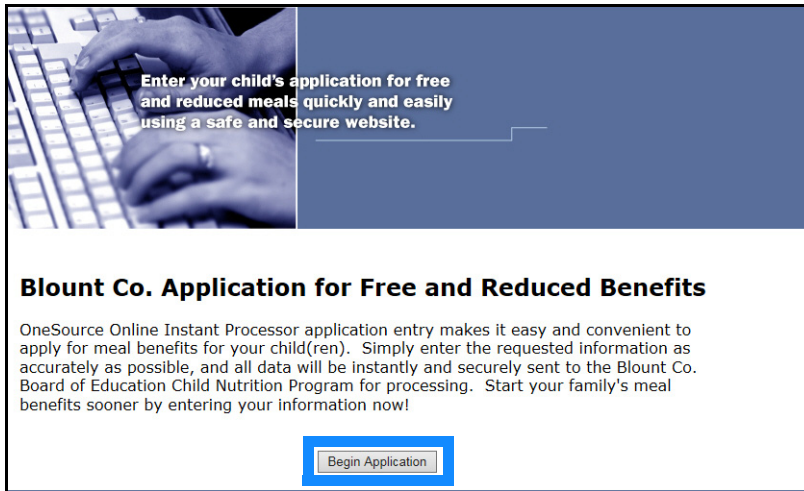
Application Number: web00251
Sample Student

Total household members on application: 2
Income Summary
Work Earnings before Deductions \$15,000.00 Yearly

Figure 19: Print Application page

Enter an Application for a Categorical Student

1. Click Begin Application.



Enter your child's application for free and reduced meals quickly and easily using a safe and secure website.

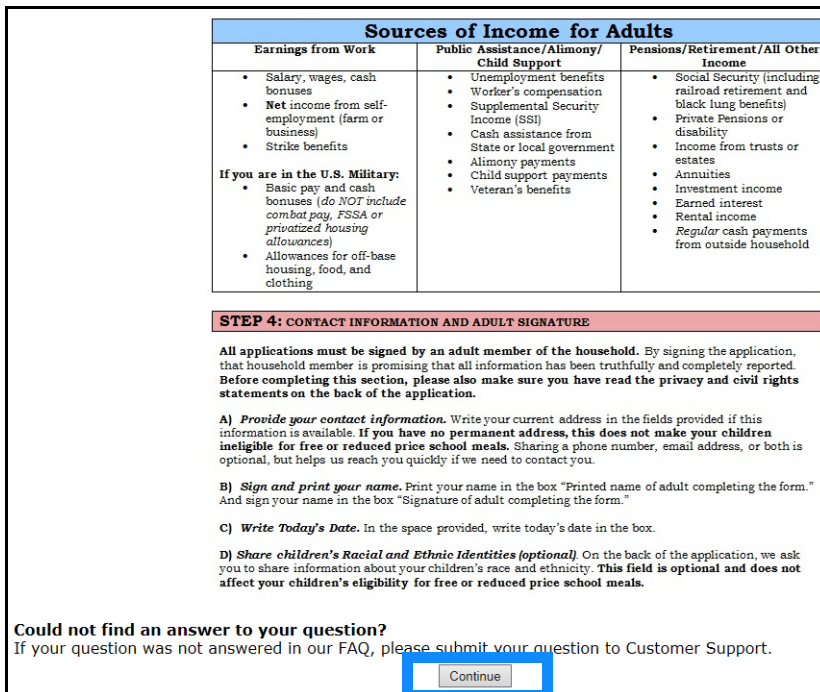
Blount Co. Application for Free and Reduced Benefits

OneSource Online Instant Processor application entry makes it easy and convenient to apply for meal benefits for your child(ren). Simply enter the requested information as accurately as possible, and all data will be instantly and securely sent to the Blount Co. Board of Education Child Nutrition Program for processing. Start your family's meal benefits sooner by entering your information now!

[Begin Application](#)

Figure 20: Begin Application page

2. After you read the FAQs, click Continue.



Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business)Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorker's compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeteran's benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disabilityIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) **Provide your contact information.** Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) **Sign and print your name.** Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) **Write Today's Date.** In the space provided, write today's date in the box.

D) **Share children's Racial and Ethnic Identities (optional).** On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Could not find an answer to your question?
If your question was not answered in our FAQ, please submit your question to Customer Support.

[Continue](#)

Figure 21: FAQ page

3. After you read the Terms of Agreement, click Agree.

Sources of Income for Adults		
Earnings from Work <ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing 	Public Assistance/Alimony/Child Support <ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits 	Pensions/Retirement/All Other Income <ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information. Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box "Printed name of adult completing the form." And sign your name in the box "Signature of adult completing the form."

C) Write Today's Date. In the space provided, write today's date in the box.

D) Share children's Racial and Ethnic Identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Could not find an answer to your question?
If your question was not answered in our FAQ, please submit your question to Customer Support.

Figure 22: Terms of Agreement page

4. Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

→ Select No.

→ Click Next Step.

Do **any** Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☐ Yes ☐ No

Once you have confirmed the information is correct, click "Next Step".

1

2

3

4

5

Entering Students

Entering Household Members

Entering Address

Review

Sign and Submit

Figure 23: Assistance Programs page

5. Enter in all children in the household.

- Enter the following: Date of Birth (optional), Student ID (optional), First Name, Last Name, and applicable information.
- Click Next Step.

Do **any** Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

☒ Yes ☐ No

Case Number

123456

Date of Birth and Student ID are optional and assist the program in matching your student(s). Only enter in your children within the household.

<

Date of Birth (MM/DD/YYYY) (Optional)	Student Id (Optional)	Household Member First Name	Middle Initial	Household Member Last Name	School (optional)	Blount Co. Student	Foster Homeless/Migrant/Runaway
01/01/2001		Only		Child		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Once you have confirmed the information is correct, click "Next Step".

[Previous Step](#) [Quit](#) [Next Step](#)

Figure 24: Add Student page

6. Enter household address.

- Enter your Address, Phone, and Email information. The school will use this information to correspond with you.
- Click Next Step.

Please enter the **Address** for your household (if available). The Email address will be used for confirmation notices.

Mailing Address (if applicable) 123 Elm St

Apt #

City Sweetholm

State Alabama

Zip 12345-6789 x

Home Phone Number (optional) () - -

Work/Cell Phone (optional) () - -

Email (Optional)

Once you have confirmed the information is correct, click "Next Step".

[Previous Step](#) [Quit](#) [Next Step](#)

Review/Enter Address

1 2 3 4 5

Entering Students Entering Household Members Entering Address Review Sign and Submit

Figure 25: Household Address page

7. Authorize the school to share information.

- Indicate if you want to share your with Medicaid and the State Children's Health Insurance Program (SCHIP).
- Click Next Step.

The law allows us to tell Medicaid and SCHIP(State Children's Health Insurance Program) that your children are eligible for free or reduced price 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 Free and Reduced Priced School Meals Application does not automatically enroll your children in health insurance).

☒ Do share my student's information
☐ Do not share my student's information

Once you have confirmed the information is correct, click "Next Step".

[Previous Step](#) [Quit](#) [Next Step](#)

Share Information

- 1 Entering Students
- 2 Entering Household Members
- 3 Entering Address
- 4 Review
- 5 Sign and Submit

Figure 26: Share Information page

8. Review application.

- Select an option to indicate if you want to share your with Medicaid and the State Children's Health Insurance Program (SCHIP).
- Click Next Step.

Sample Student

Birthdate: 1/1/2001
Student ID: [Edit Student](#)
School:
Case: None
Case Number:
Ethnicity:
Race: [Delete Student](#)
[Add Another Child](#)

Sample Parent

Case: None
Case Number: [Delete Household Member](#)
Wage Income: \$15,000.00 Yearly [Edit Household Member](#)
[Add Another Household Member](#)

Address 1: 123 Elm St
Address 2:
City: Sweetholm
State: AL
Zip: 12345-6789
Home Phone:
Work Phone:
Email Address: [Change Address](#)

Total Child Income: \$0.00
Income Frequency: none [Edit Student Wages](#)

Permissions

☐ Do not share my information with other Federal Agencies [Change Permissions](#)

Once you have confirmed the information is correct, click "Next Step".
[Previous Step](#) [Quit](#) [Next Step](#)

Progress Bar:

- 1 Entering Students
- 2 Entering Household Members
- 3 Entering Address
- 4 **Review** (Review Application)
- 5 Sign and Submit

Figure 27: Review Application page

9. Sign and Submit the Application.

- Select the adult who is signing the application.
- Enter the Total Household Size.
- Click Next Step.

Privacy Act Statement: This explains how we will use the information you give us.
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.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Please select the adult signing this application:

A household member size is required. The size must be equal to the number of people added to this application.

Total Household Size

Once you have confirmed the information is correct, click "Next Step".

1

2

3

4

5

Entering Students

Entering Household Members

Entering Address

Review

Sign and Submit

Sign and Submit Application

Figure 28: Sign and Submit Application page

10. Print the Application.

- Click Print this Document to create a copy for your records.
- Click Exit.

This is confirmation that your application for Free and Reduced Price Meal Program for the students listed below has been sent.

This information is being transmitted to your student's School Food Service Office for evaluation.

The **confirmation number** for this transaction is: 11530501

Please keep it for your records.

Application Number: web00251
Sample Student

Total household members on application: 2
Income Summary
Work Earnings before Deductions \$15,000.00 Yearly

Figure 29: Print Application page