



How to Apply for Free and Reduced-Price Meal Benefits Using the Online Application

Clear Creek ISD Child Nutrition Department

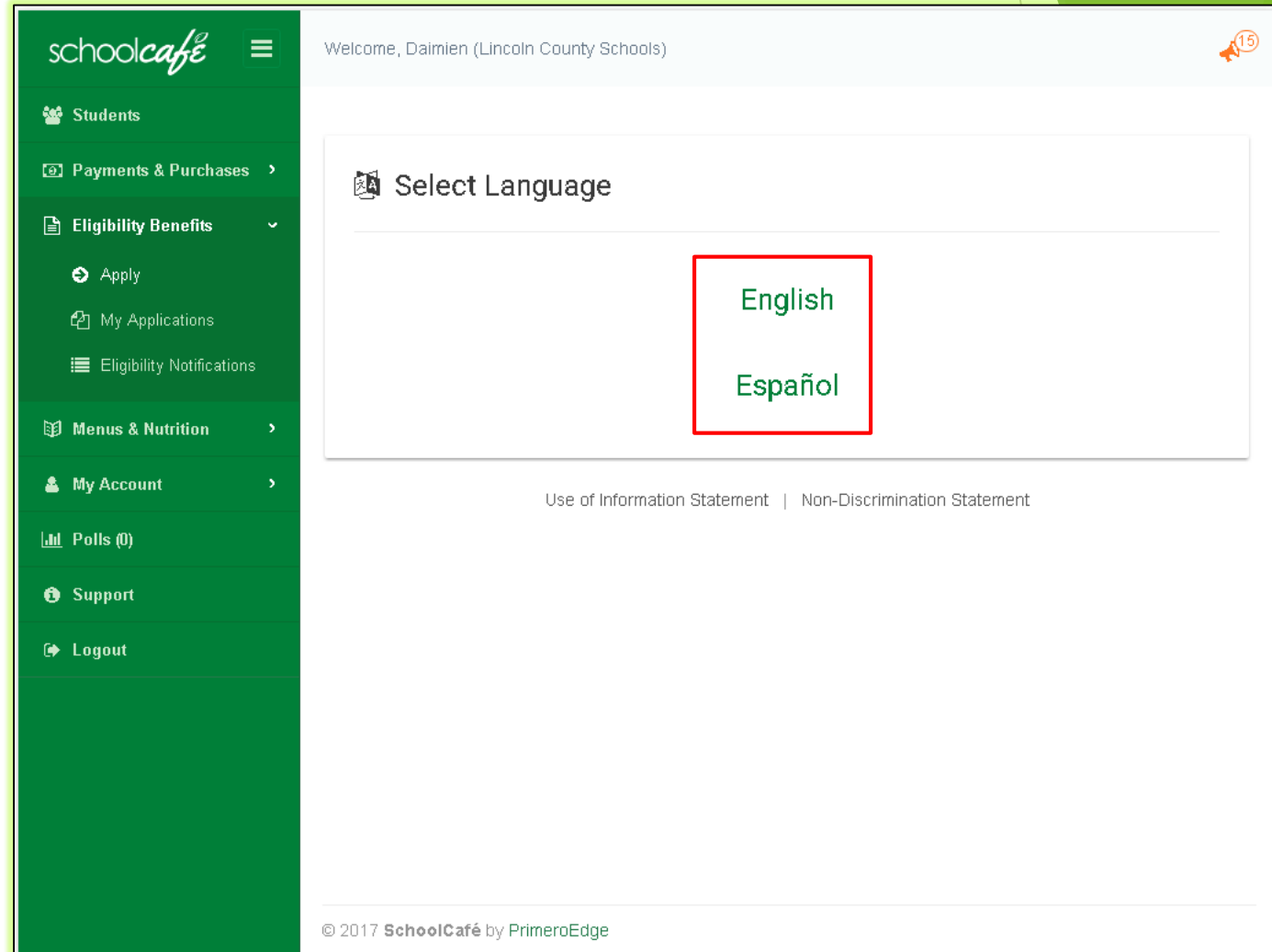
2019-2020

How to Begin the Application Process

- ▶ Go to www.schoolcafe.com OR
- ▶ Go to www.ccisd.net
 - ▶ Click on DEPARTMENTS
 - ▶ Click on CHILD NUTRITION SERVICES
 - ▶ Click on the School Café icon  
- ▶ Once you are on the School Café site, you can either sign in if you already have an account or you can register as a new user.
- ▶ When you register, register as the parent, NOT the student.

Select a Language

- ▶ Once you are logged into School Café:
 - ▶ Click ELIGIBILITY BENEFITS
 - ▶ Click APPLY
- ▶ Select English or Español.
- ▶ Please note: The Use of Information Statement and the Non-Discrimination Statement links are available during reach step.



The screenshot displays the SchoolCafé user interface. On the left is a green navigation sidebar with the 'schoolcafé' logo and a hamburger menu icon. The sidebar contains the following menu items: 'Students', 'Payments & Purchases', 'Eligibility Benefits' (with a dropdown arrow), 'Apply', 'My Applications', 'Eligibility Notifications', 'Menus & Nutrition', 'My Account', 'Polls (0)', 'Support', and 'Logout'. The main content area shows a welcome message for 'Daimien (Lincoln County Schools)' and a notification badge with '15'. Below this is a 'Select Language' section with a red box highlighting the 'English' and 'Español' options. At the bottom of the main area are links for 'Use of Information Statement' and 'Non-Discrimination Statement'. The footer contains the copyright notice: '© 2017 SchoolCafé by PrimeroEdge'.

Household Letter

- ▶ You can view and/or download the household letter in the language you chose.
- ▶ You can also change the language on the top-right of the page and have all the contents update instantly.

Household Letter

This letter, provided by your district, lists all of the rules, expectations, and other important information you will need while filling out your application.

[INSERT SCHOOL DISTRICT LETTERHEAD]
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS or THE SPECIAL MILK PROGRAM (SMP)
 Apply online at <https://www.paschoolmeals.com>

Dear Parent/Guardian:

Children need healthy meals to learn. **[DISTRICT NAME]** offers healthy meals every school day. Breakfast costs **(\$)**, lunch costs **(\$)** for secondary (high school and jr. high school) and **(\$)** for elementary level. Your children may qualify for free meals or for reduced-price meals. Reduced price is \$5.30 for breakfast and \$4.48 for lunch. This packet includes an application for free or reduced-price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

STOP If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. But do let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.

1. Who can get free or reduced-price meals?

- All children in households receiving benefits from SNAP or TANF are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced-price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced-price meals if your household income falls at or below the limits on this chart.

Family Size	Annual	Monthly	Taxable Per Month	Every Two Weeks	Weekly
1	21,878	1,823	910	646	423
2	28,627	2,470	1,235	1,142	570
3	37,296	3,108	1,554	1,439	718
4	44,955	3,747	1,874	1,739	865

Download Household Letter

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Use of Information Statement | Non-Discrimination Statement

Carta a los Hogares

This letter, provided by your district, lists all of the rules, expectations, and other important information you will need while filling out your application.

[INSERT SCHOOL DISTRICT LETTERHEAD]
PREGUNTAS FRECUENTES SOBRE COMIDAS ESCOLARES DE PRECIO GRATIS Y REDUCIDO o EL PROGRAMA ESPECIAL DE LECHE (SMP)
 Aplicar en línea en <https://www.paschoolmeals.com>

Estimado Padre / Tutor:

Los niños necesitan comida nutritiva para aprender. **[DISTRICT NAME]** ofrece comidas saludables todos los días escolares. El desayuno cuesta **(\$)**, el almuerzo **(\$)** para secundaria (high school y jr. High School) y **(\$)** para el nivel de primaria. Su hijo(a) puede calificar para recibir comidas gratis o a precio reducido. El precio reducido es de \$5.30 para el desayuno y \$4.48 para el almuerzo. Este paquete incluye una solicitud de beneficios de comida gratis o reducido precio, y un conjunto de instrucciones detalladas. A continuación, algunas preguntas y respuestas comunes para ayudarle con el proceso de solicitud.

STOP Si usted ha recibido un AVISO DE CERTIFICACION DIRECTO para comidas gratis, no complete la solicitud. Pero le deje la escuela si algún niño en su hogar no se menciona en la carta de Aviso de Certificación Directa que recibió.

1. ¿Quiénes pueden recibir comidas gratis o a precio reducido?

- Los niños en hogares que reciben beneficios de SNAP o TANF son elegibles para comidas gratis.
- Los hijos de orfanato que están bajo la responsabilidad legal de una agencia de cuidado de crianza o tribunal son elegibles para recibir comidas gratis.
- Los niños que participan en el programa Head Start de su escuela son elegibles para recibir comidas gratis.
- Los niños que cumplen con la definición de desamparados, en fuga o migrantes califican para recibir comidas gratis.
- Los niños pueden recibir comidas gratis o a precio reducido si los ingresos de su familia están dentro de los límites de la Tabla Federal de Ingresos. Sus hijos pueden calificar para recibir comidas gratis o a precio reducido si el ingreso familiar está en o por debajo de los límites de esta tabla.

Tamaño de la familia	Annual	Monthly	Días Mes	Cada dos Semanas	Semanal
1	21,878	1,823	910	646	423
2	28,627	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,439	718
4	44,955	3,747	1,874	1,739	865
5	52,614	4,385	2,193	2,024	1,012

Download Household Letter

anterior siguiente

Declaración del Acta de Privacidad | Declaración de no-discriminación

Certify Application

- ▶ The applicant information box is populated directly from the user's **My Profile** page.
- ▶ If you need to update your information, click on the edit pencil link.

Certify

Please provide honest acknowledgement of the terms and conditions for this application before proceeding.


John Doe [Edit](#)

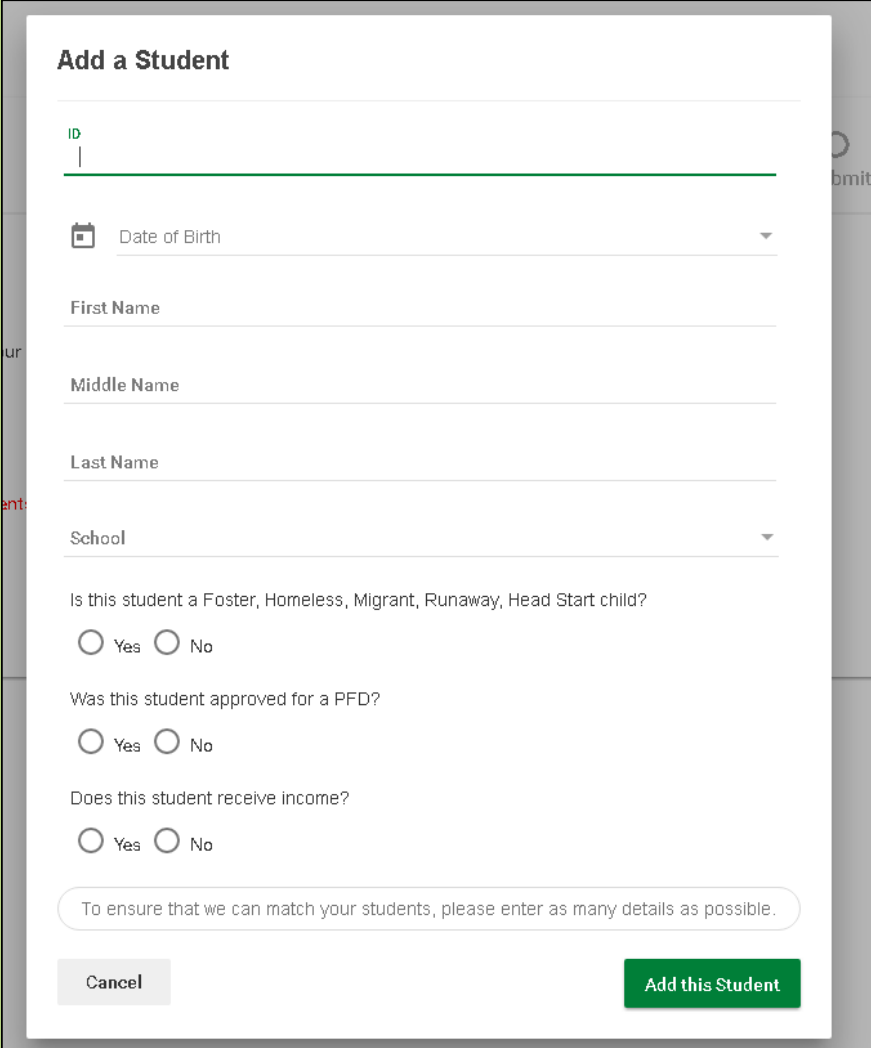
4422 Cypress Creek Pkwy, Suite #400
Houston, TX
2814538545
john.doe@primeroedge.com

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**


Select or Add Students

- ▶ Select students from your School Café account if any were already added on the students screen and answer some basic questions to speed up the process. This is not the application, but a quick “pre-questionnaire.”
- ▶ If no students exist on the account, you will be prompted to manually add them when the actual application begins as in the example to the right. 
- ▶ To ensure that the system can match your student(s), please enter as many details as possible.



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.

Select or Add Students

- ▶ If you add a student who is not already in the School Café database, the student will be displayed as “unidentified” for the Child Nutrition Department to process manually.

Add a Student

Student ID

Date of Birth

First Name
Joseph

Middle Name

Last Name
Adkins

School

Is this student a Foster, Homeless, Migrant, Runaway, Head Start child?
 Yes No

Does this student...?
 Yes No

Select
Foster
Head Start
Homeless
Migrant

To ensure that... please enter as many details as possible.

Cancel **Add this Student**

Unidentified Student

Adkins, Joseph

Adkins, Arnton James (LINCOLN COUNTY HIGH SCHOOL)

Adkins, Samantha Hope (LINCOLN COUNTY HIGH SCHOOL)

Identified Student

Adkins, Joseph

Adkins, Arnton James (LINCOLN COUNTY HIGH SCHOOL)

Adkins, Samantha Hope (LINCOLN COUNTY HIGH SCHOOL)

Assistance Step

- ▶ Do you receive any assistance from SNAP, TANF, OR FDPIR?
 - ▶ Select Yes or No
 - ▶ If Yes, you will then select which type of benefit you receive.
 - ▶ You will also need to enter your Eligibility Group Determination (EDG) number.
- ▶ **Please note:** If this application is being submitted for a homeless, migrant (not immigrant), or runaway student, please call the CCISD Homeless Liaison Office at (281) 284-0178.

Household Step

- ▶ If you selected yes to receiving benefits, you can automatically skip this step.
- ▶ Otherwise, you must enter your household income and size details.


English

Students Assistance **Household** Review Details 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](#)

Name	Income	Options
Adkins, Joseph(student)	None	
Adkins, Arnton James(student)	None	
Adkins, Samantha Hope(student)	None	
Doe, John (applicant)	\$29,000.00 (Yearly)	

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Use of Information Statement | Non-Discrimination Statement

Click the Edit pencil to add, update, or remove income info.

Review Selections

- ▶ After all income has been added and all steps are complete, you can proceed to the next step to review your selections.
- ▶ Buttons are provided on the review screen to quickly go back to previous steps and make any final changes.

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).

Name	Date of Birth	Income
Adkins, Joseph		None
Adkins, Armon James <small>(LINCOLN COUNTY HIGH SCHOOL)</small>	7/25/1997	None
Adkins, Samantha Hope <small>(LINCOLN COUNTY HIGH SCHOOL)</small>	4/17/1998	None

★ Decline Benefits [← Go Back to Decline Benefits](#)

Not opted to Decline Benefits

👤 Assistance [← Go Back to Assistance](#)

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

👤 Household [← Go Back to Household](#)

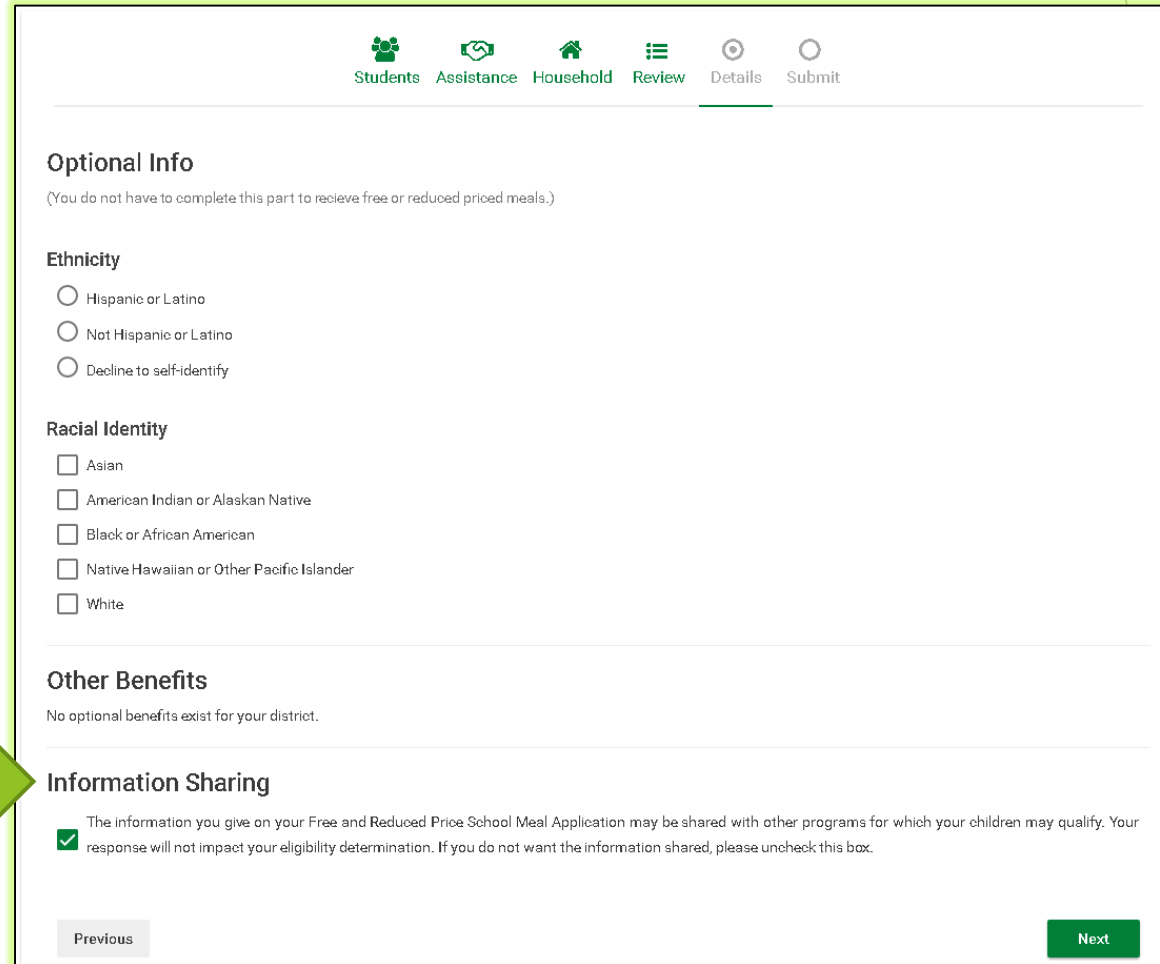
Name	Income
Adkins, Joseph(student)	None
Adkins, Armon James(student)	None
Adkin, Samantha Hope(student)	None
Doe, John (applicant)	\$29,000.00 <small>(Yearly)</small>

Total Household Size (Including Children and Adults): 4

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Optional Info

- ▶ Once all your information is accurate, you can proceed to the next step and opt to provide (or not provide) information that is optional.
- ▶ The Information Sharing checkbox is checked by default. However, if you do not want your information shared, please uncheck this box. Your response will not impact your eligibility determination.



Students Assistance Household Review **Details** Submit

Optional Info

(You do not have to complete this part to receive free or reduced priced meals.)

Ethnicity

Hispanic or Latino
 Not Hispanic or Latino
 Decline to self-identify

Racial Identity

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

Other Benefits

No optional benefits exist for your district.

Information Sharing

The information you give on your Free and Reduced Price School Meal Application may be shared with other programs for which your children may qualify. Your response will not impact your eligibility determination. If you do not want the information shared, please uncheck this box.

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Submit Application and Summary Pages

Submit Application

- ▶ Please enter your SSN (if you have one), sign, verify and submit your application.

Summary

- ▶ Once you have submitted your application, you will be given an application number.
- ▶ You can download a copy of your application from this screen, submit another application or leave the application entirely.

Application Status & Eligibility Notification

Application Status

- ▶ To view your application status, click on eligibility.

Eligibility Notification

- ▶ To view your notification letter, go to **Eligibility Notifications** and click **View**.

For more information, please contact:

Meal Benefits Clerk

Rebecca Coronado

(281)284-0712

rcoronad@ccisd.net