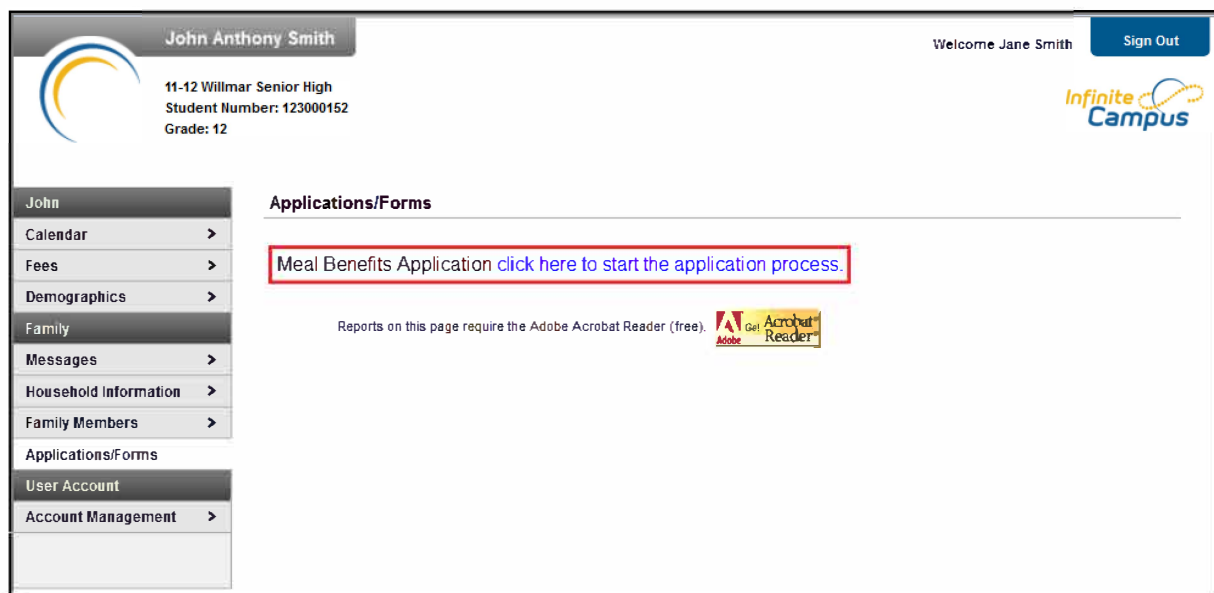


## Henry County Online Meal Application Is Now Available!

### Here's how to apply for free or reduced meals for your children:

1. To begin, make sure you are registered to use the Parent Portal. You get this at your student's school. On the Parent Portal you can see your student's grades, attendance, and assignment information as well as make meal payments online. Other school fee payments will be available soon.
2. Once you are registered, log onto the Portal. You will see "Applications/Forms" in the left column of the screen. Click on that. Click the blue words to start the application.



3. You will make a **legally-binding PIN** so you can electronically sign the document. Follow those directions.
4. Next, review the **letter to household**. It contains important information and answers most questions you will have.
5. Then, review the application instructions for directions to answer the questions. It recommends you **gather income information before you start the process** to save time and to avoid the form "timing out". You have 1 hour to complete the form without signing back on. (It probably won't take you that long though)
6. Now you will confirm that you are the signer of the application. **Signers must be adult household members**—students cannot be the signer. Once both the Letter to Household and Application Instructions have been reviewed, the person completing the online application

must confirm their identity as the application signer. If the identity information is correct, select the **Next** button.

7. The application signer must **confirm all people living within their household**. Mark the checkbox next to the name of each person within your household. Once all members have been marked, select the **Next** button.
  - If a person is listed that should not be considered a household member, do not mark the checkbox next to their name. This does not remove them from the household within Campus, but does exclude them from the application.
  - In order to complete the remaining steps of the application process, it is critical Household members are identified.
  - If a household member does not appear in the list, you can manually add them. This often occurs when someone has just moved into the household or the person filling out the application does not have access to a specific family member within the Portal.
8. Once household members have been identified, the application signer is asked whether any household members receive **SNAP, TANF or FDPIR benefits**. Click Yes or no. If you click “no” you will go on to the next step. If you say yes you will be prompted to enter the benefit case number. **You must provide this number** as we cannot get it for you. If you do not have it you must contact your caseworker for it.
9. Next you **confirm child household members**. Click the box next to their name(s).

**Meal Benefits Application**

Letter to Household > Instructions > Signer Confirmation > **Household Members** > Children > Gross Income > Review > Authorization > Submitted

Student Members of the household must be confirmed by selecting the check box next to their name. A student is a person who will be enrolled in the school district during this school year. Non-student members should not be selected. After you have identified student members select 'Next' to continue.

| Name  | Gender | DOB        | School                | Grade | Benefits             |
|---|--------|------------|-----------------------|-------|----------------------|
| <input type="checkbox"/> Smith, James John (Signer)               | F      |            |                       |       | 12345678910112313141 |
| <input type="checkbox"/> Example, Parent (Manual Add)             | F      |            |                       |       |                      |
| <input checked="" type="checkbox"/> Example, Student (Manual Add) | M      | 1/1/1996   | Willmar Middle School | 08    |                      |
| <input type="checkbox"/> Smith, Jane Marie                        | F      |            |                       |       |                      |
| <input checked="" type="checkbox"/> Smith, John Anthony           | M      | 01/01/1995 | Willmar Senior High   | 12    |                      |
| <input checked="" type="checkbox"/> Smith, Susie Marie            | F      | 04/01/2011 |                       |       |                      |

Previous Next

Timeout 59:35

10. Are any of the children **foster children**? If not click no and it will go to the next screen. If yes provide the requested information.
11. Is any child **Homeless, Runaway, Migrant or Head Start**? Answer the question for this box.
12. Now you **enter any household income next to the person that earns it**. If a household member does not have any income check the “no income” box. Remember, it asks for **gross income** which is before any taxes or deductions are taken out. Click next when finished.

**Meal Benefits Application**

Letter to Household > Instructions > Signer Confirmation > Household Members > Children > **Gross Income** > Review > Authorization > Submitted

If a Student Indicator has been selected for every student, income information is not required. Providing your income information may help with the district verification process. For each Adult Household Member listed, 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 that there is no income to report.

| Name                                 | Gender | DOB        | No Income                           | Add Income                  | Student Indicator | Total Income      |
|--------------------------------------|--------|------------|-------------------------------------|-----------------------------|-------------------|-------------------|
| <b>Non-Student Household Members</b> |        |            |                                     |                             |                   |                   |
| Smith, Robert (Signer)               | M      |            | <input type="checkbox"/>            | <a href="#">Add Income</a>  |                   |                   |
| Smith, Alexandra                     | F      | 11/10/1994 | <input checked="" type="checkbox"/> | <a href="#">Add Income</a>  |                   |                   |
| <b>Student Household Members</b>     |        |            |                                     |                             |                   |                   |
| Smith, Mariana                       | F      | 03/08/2000 | <input type="checkbox"/>            | <a href="#">Edit Income</a> | Foster            | \$10.00 (Monthly) |

Previous Next

Timeout 55:22

13. At this point you **review the information** you have submitted to verify accuracy. Please check carefully to make sure you entered all information accurately. You can go back if you need to correct errors.
14. Now you follow the directions to **authorize the Household Application**. This is a 4 step process that provides the last information that is needed to process the application. Please read this section carefully and answer the questions. You **must** provide your last 4 digits of your social security number to finish the application. All information is kept secure and private. Also, if you wish, you may authorize us to share your eligibility status with specific high school counselors that verify who can receive waived fees for the SAT and ACT tests. We will not share your information with anybody unless you specifically authorize us to do it. That means we do not let school personnel such as teachers, counselors or administrators know who is free or reduced without specific authorization from you.

**Meal Benefits Application**

Letter to Household > Instructions > **Signer Confirmation** > Household Members > Children > Gross Income > Review > **Authorization** > Submitted

You must respond to [insert appropriate options here] and read the authorization statement below. By selecting 'Accept' you agree to the authorization statement and you will be taken to the Electronic Signature PIN entry screen to submit the application.

By selecting 'Decline' you do not agree to the authorization statement, the application will be cancelled and your information will no longer be available. If you choose to 'Decline' you may enter another application at any time.

**Sharing Information with Other Programs**

If your child is eligible for free or reduced priced meals, he or she may also qualify to receive other benefits. You must give your permission for us to share your child(ren)'s name and meal eligibility status with staff in charge of other school programs.

Filling out the Meal Benefits Application does not automatically qualify your child(ren) to receive other benefits.

Allow my child(ren)'s name and meal eligibility to be shared with staff in charge of Other School Programs.  Yes  No

**Social Security Number**

The income section of this application has been filled out. You are required to provide the last four digits of your SSN. Please enter the last four digits of your SSN or mark the "I do not have a SSN" box.

xxxx-xx-  I do not have a SSN

**Authorization Statement**

Timeout 57:17

15. The last thing is to electronically **sign the application**. You will use the PIN you created earlier to do that. Follow the directions on the screen to finish submitting.

**Meal Benefits Application**

Letter to Household > Instructions > Signer Confirmation > Household Members > Children > Gross Income > Review > **Authorization** > Submitted

**Apply E-Signature**

**Terms of Use**

I understand by entering my E-Signature PIN below I am applying my electronic signature to this document and my electronic signature has the same legal effect and enforceability as my written signature as per [INSERT DISTRICT NAME HERE] policy.

Enter your E-Signature PIN

Timeout 59:56

16. After you have submitted the application you may print the confirmation document. The application will be available to our Free Reduced Administrative Assistant who will process it within 10 days, although it usually takes less time than that. You will be mailed a letter informing you whether your students are eligible for free or reduced price meals. Your Parent Portal inbox will also receive a letter. Please make arrangements to continue paying for your child's meals until you hear from us.

## **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.**