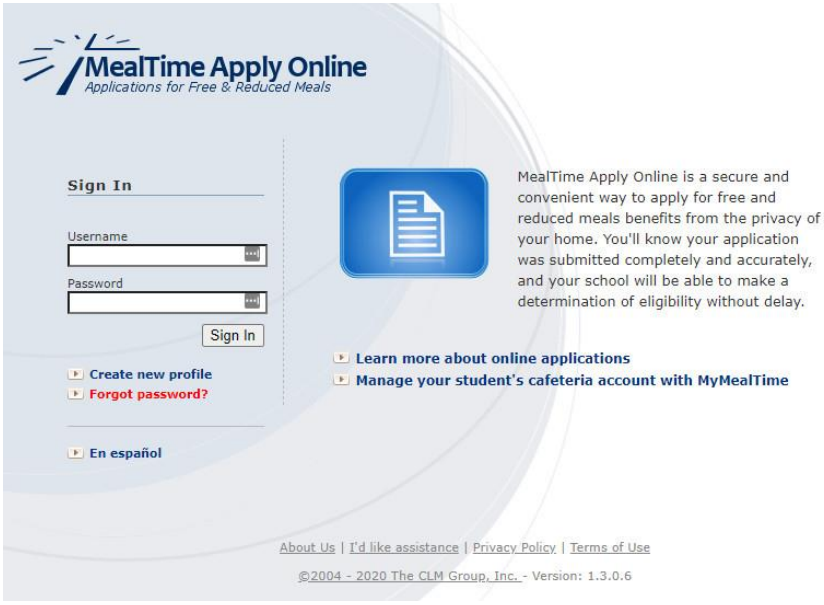
MealTime Apply Online™
Applications for Free & Reduced Meals

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

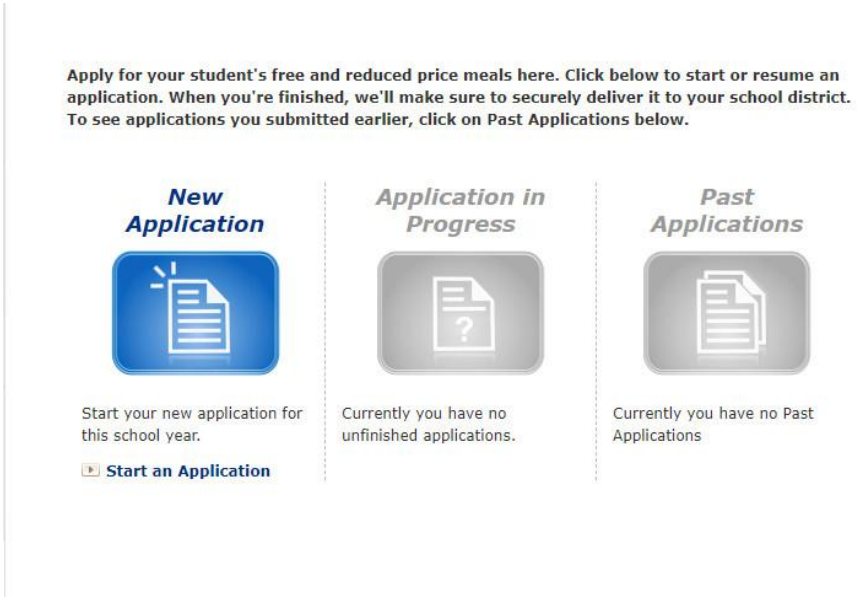
1. Open your internet browser and go to www.mymealtime.com/apps. (Your student's school or district may have provided a link to Apply Online from their website.)



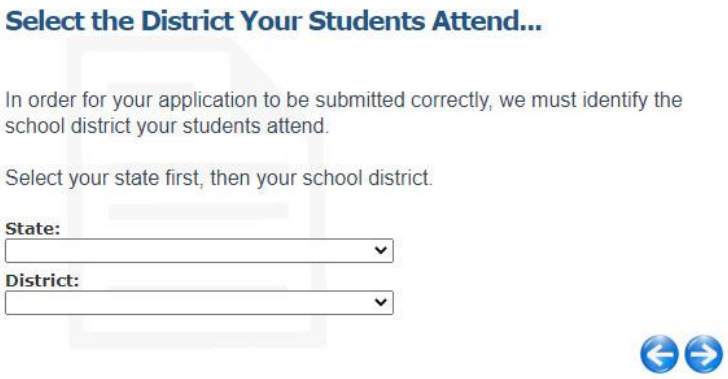
2. If you already have a My MealTime account, use the same Username and Password to log into MealTime Apply Online. If you have forgotten your Username or Password, click the 'Forgot password?' link. If you have not yet created an account, click the 'Create new profile' link.

   Note: This page can be viewed in Spanish by clicking the 'En Espanol' link.

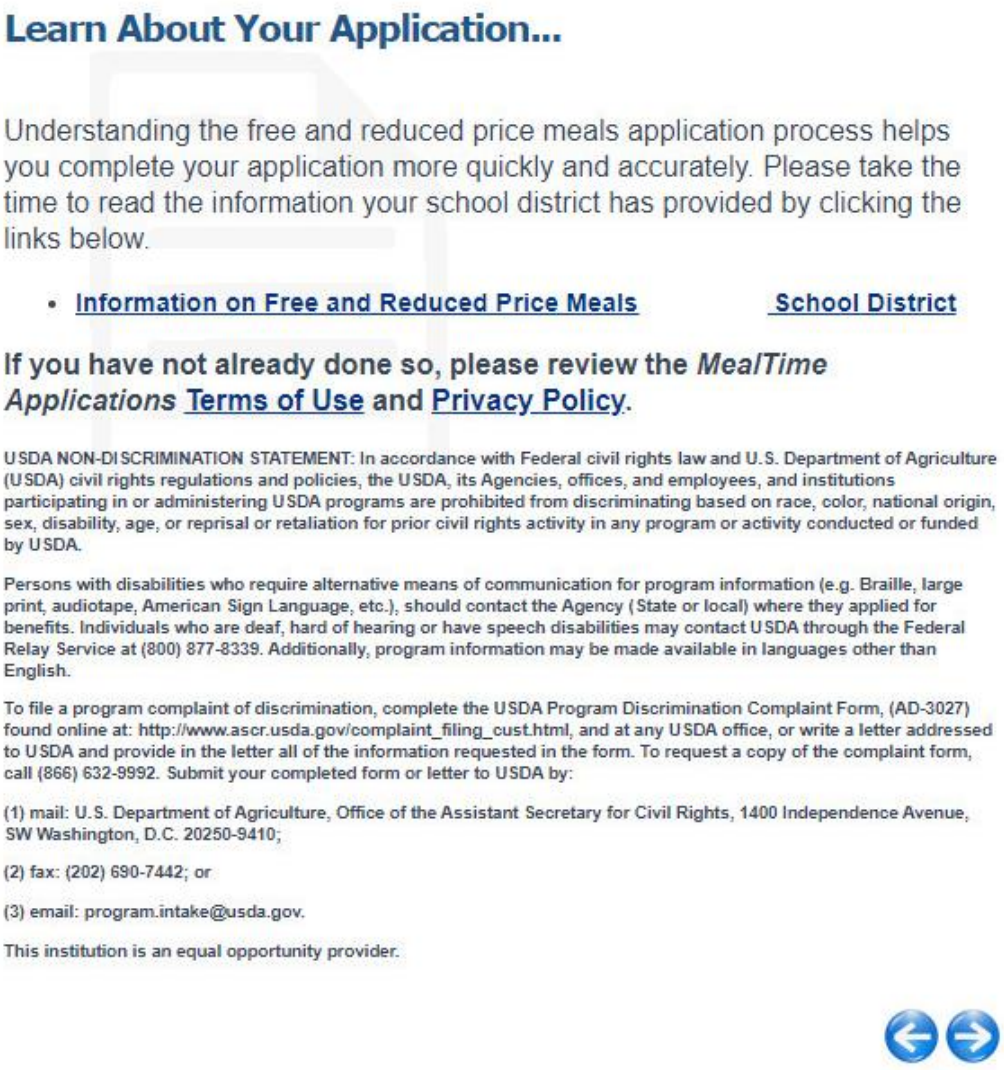
3. To create a new application, click the ‘New Application’ button. To return to an application that has already been started, click ‘Application in Progress’. You can view past applications by clicking the ‘Past Applications’ button.



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.

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, 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.

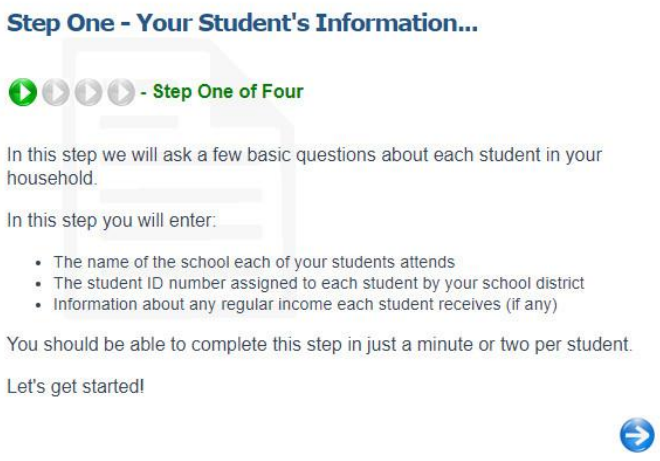
This institution is an equal opportunity provider.

6. Select the application type for your household.

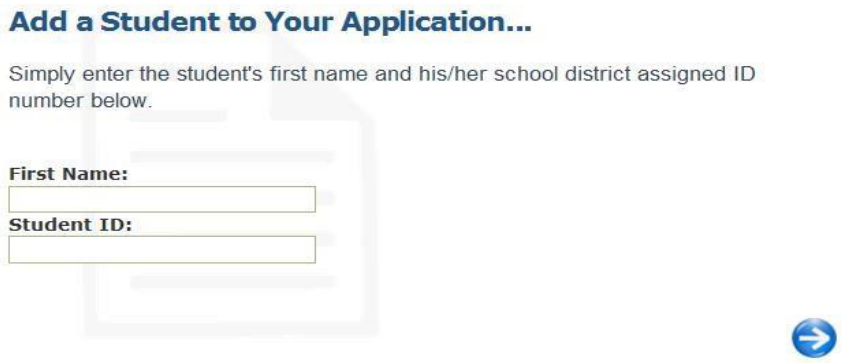


Step One

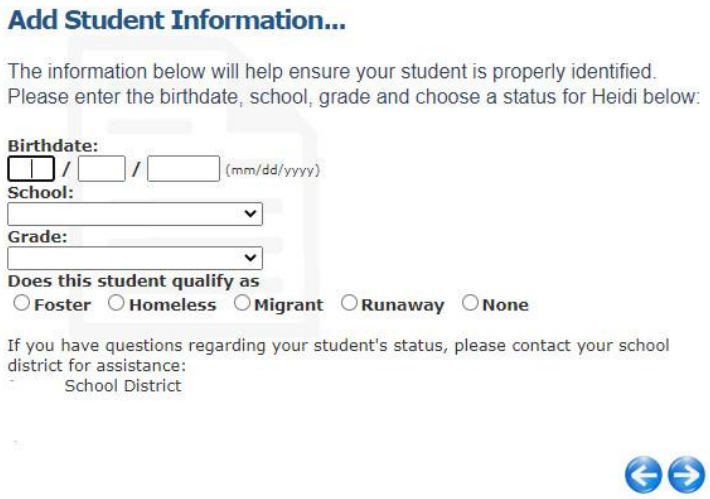
7. In Step One, you will add one or more students to your applications. This first page provides an overview of the information needed to add your student(s) to an application. Please read the information. When finished, click the right-facing arrow.



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.

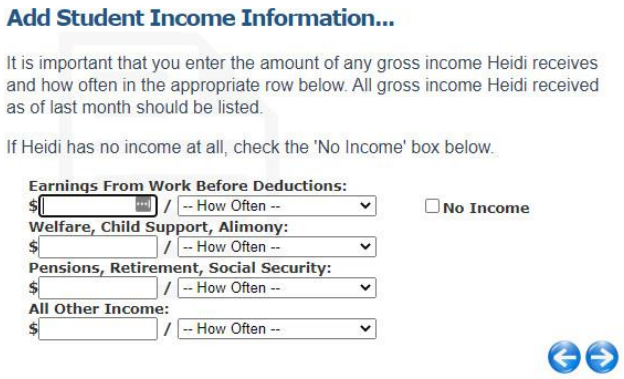


9. Enter the student's birthdate. From the drop-down list, select the school they attend, and select their grade. If your student qualifies as a Foster, Homeless, Migrant, or Runaway child, select accordingly. If not, select 'None'.

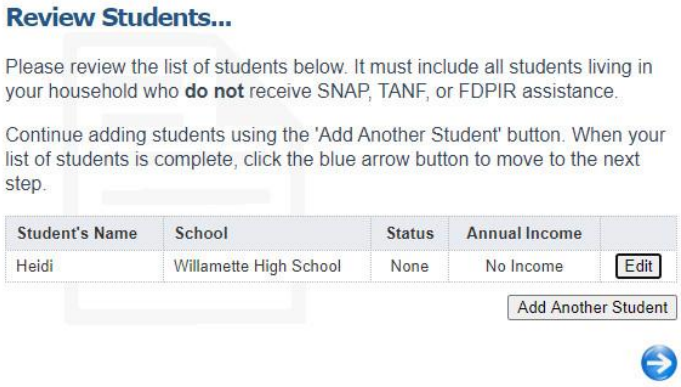


10. If the student has an income, enter it here along with the frequency this income is earned. If they do not earn an income, select 'No Income'.

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

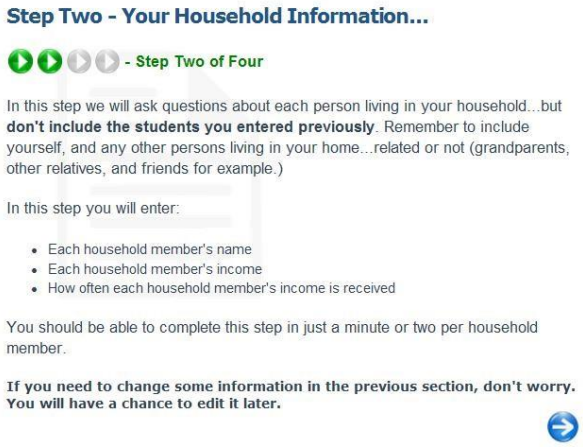


11. Review the information for the student you added. If you have additional students to add at this school, click the 'Add Another Student' button. Students not in the district that you selected for submission, will be added as "Household Members" on the following screen.

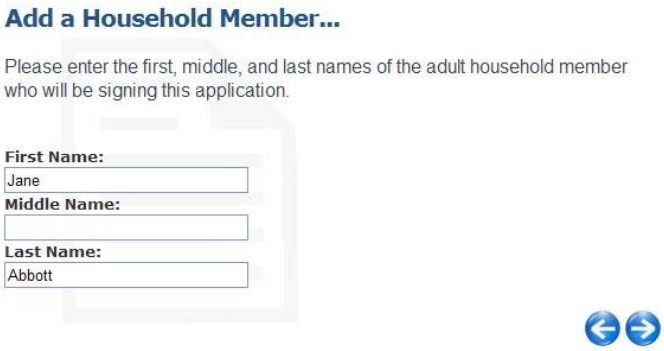


Step Two

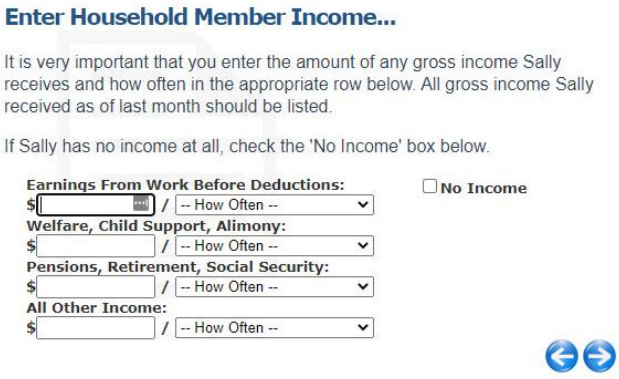
12. In Step Two you will be entering all non-student household members that live at your residence. Each household member should be entered individually with their individual income.



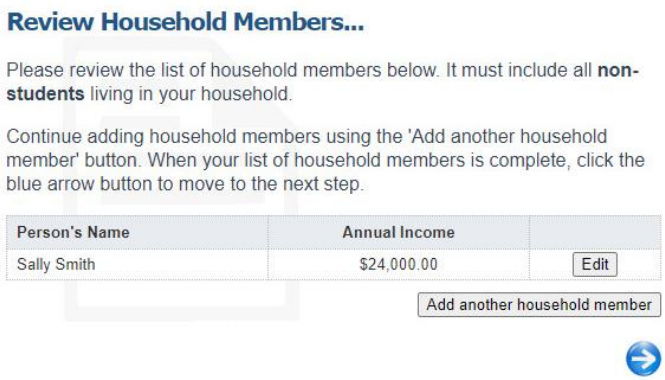
13. Enter the information for the first household member.



14. Enter the household member's income and frequency. If they have no income, select 'No Income'.

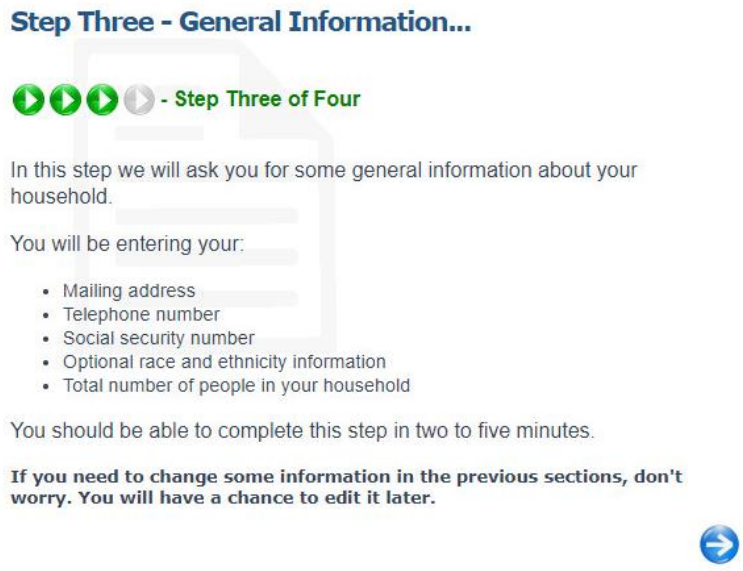


15. Review the information for the household member you added. If you have additional household members to add, click 'Add another household member'.

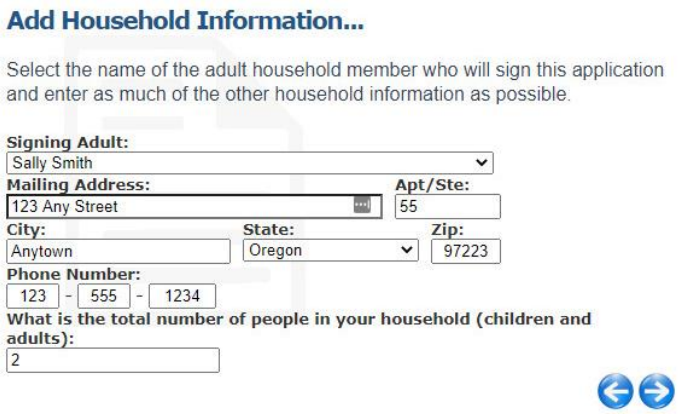


Step Three

16. In Step Three, you will enter the general information required to complete the application. The first page explains what information is required.



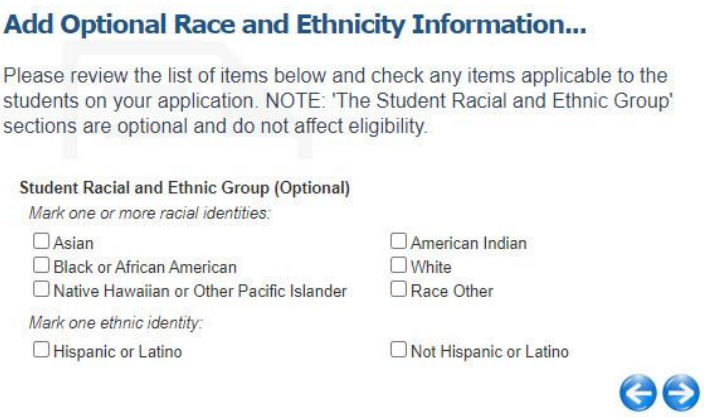
17. From the drop-down list, select the adult family member who will sign the application. Enter the remaining information.



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.

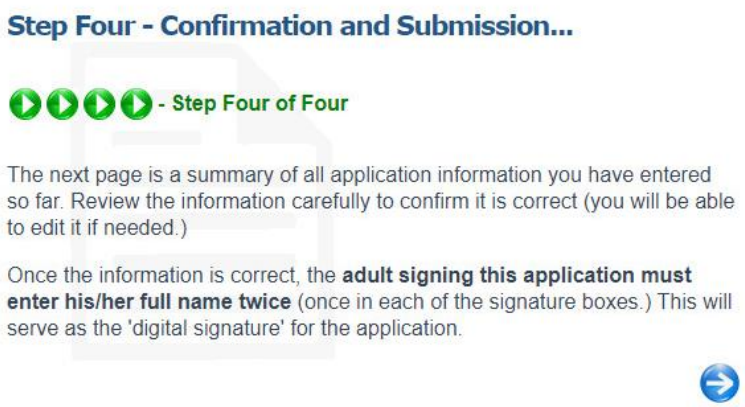


20. If your school district offers additional benefit such as Medical Programs, Field Trips, etc., then select the appropriate benefit(s). Then, select the student(s) who will receive these benefit(s).

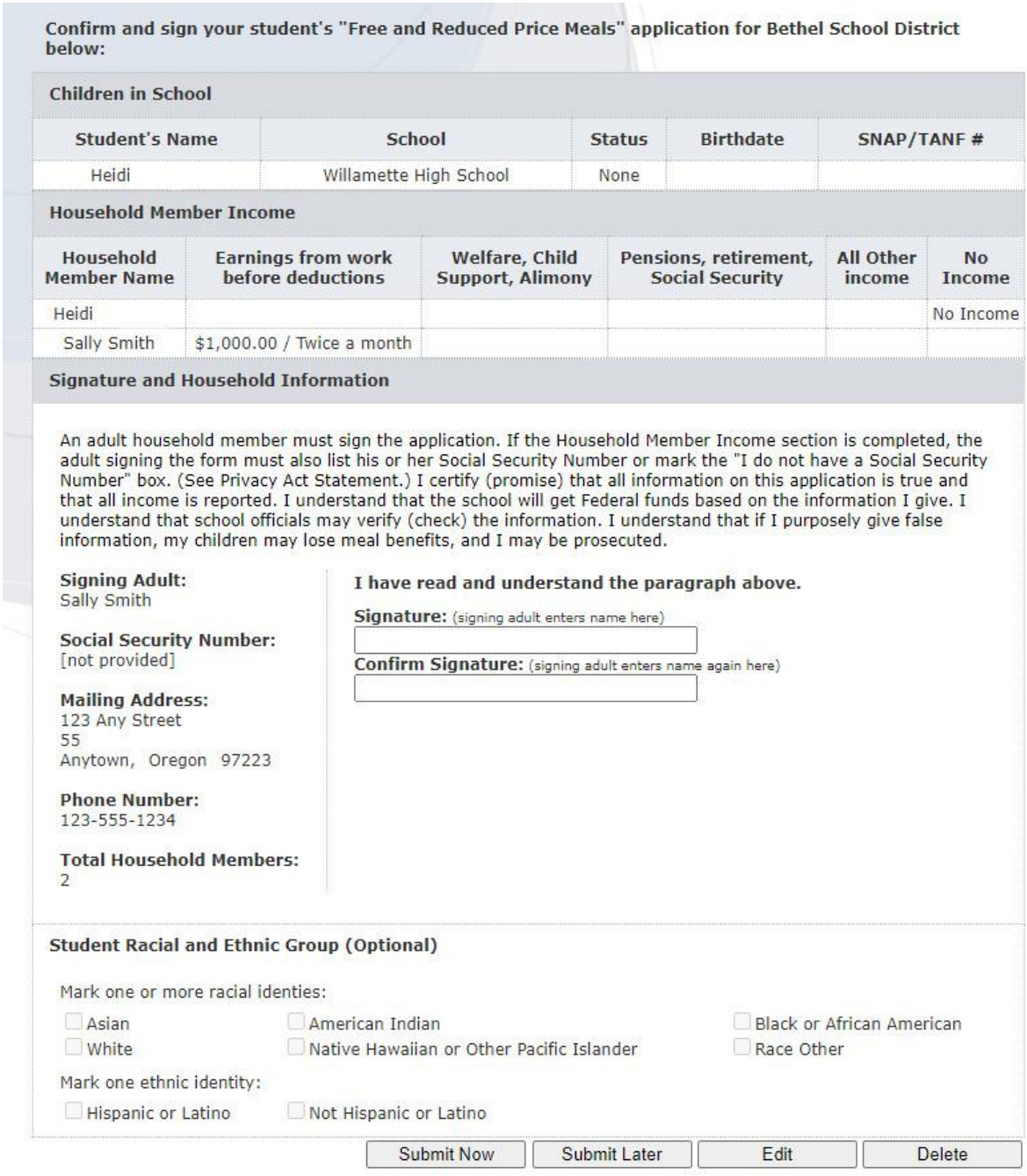


Step Four

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.



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 identies:

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

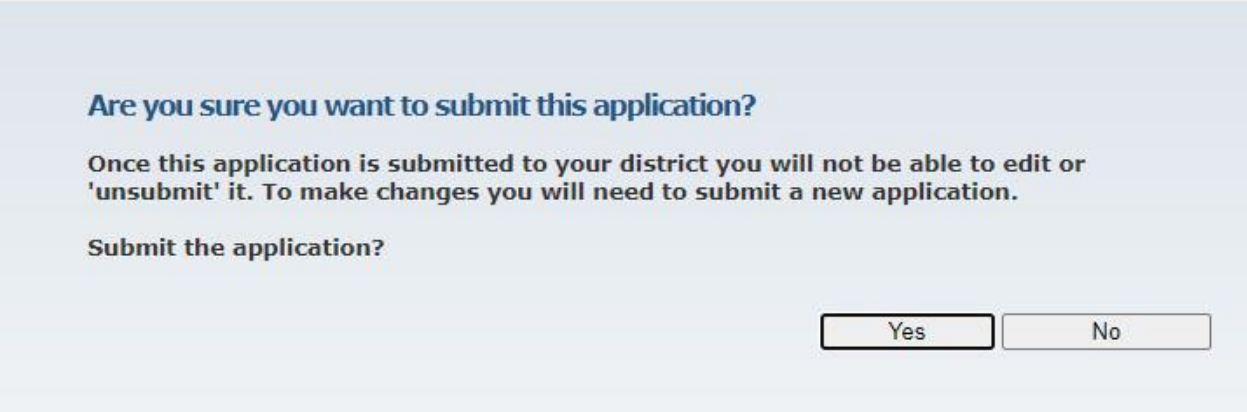
Mark one ethnic identity:

Hispanic or Latino | Not Hispanic or Latino

Submit Now | Submit Later | Edit | Delete

Note: Clicking 'Submit Now' will prompt the message below. Clicking 'Submit Later' will save the application for future submission.

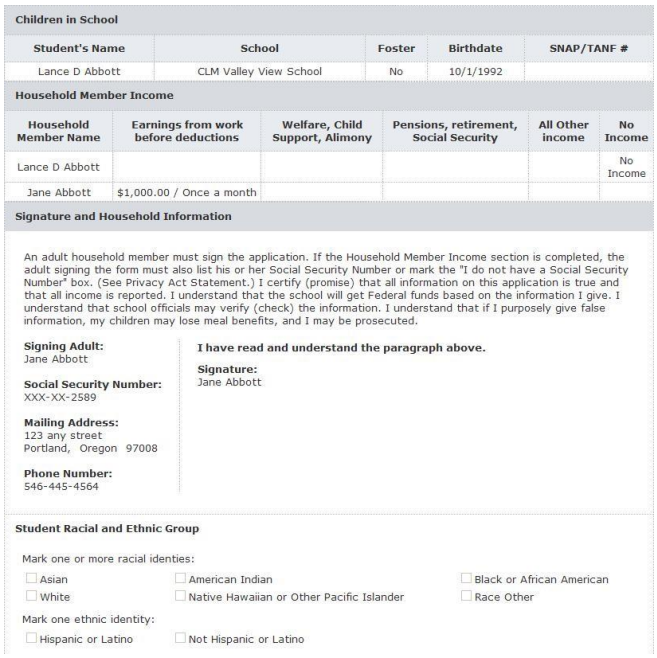
23. If you clicked ‘Submit Now’ in the previous step, the message below will display. Click ‘Yes’ to confirm. Click ‘No’ to return to the previous step.



24. Once an application has successfully been submitted, the signer will have the option to do any of the following:



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	Foster	Birthdate	SNAP/TANF #
Lance D Abbott	CLM Valley View School	No	10/1/1992	

Household Member Income

Household Member Name	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, retirement, Social Security	All Other income	No Income
Lance D Abbott					No Income
Jane Abbott	$1,000.00 / Once 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:
Jane Abbott

Social Security Number:
XXX-XX-2589

Mailing Address:
123 any street
Portland, Oregon 97008

Phone Number:
546-445-4564

I have read and understand the paragraph above.

Signature:
Jane Abbott

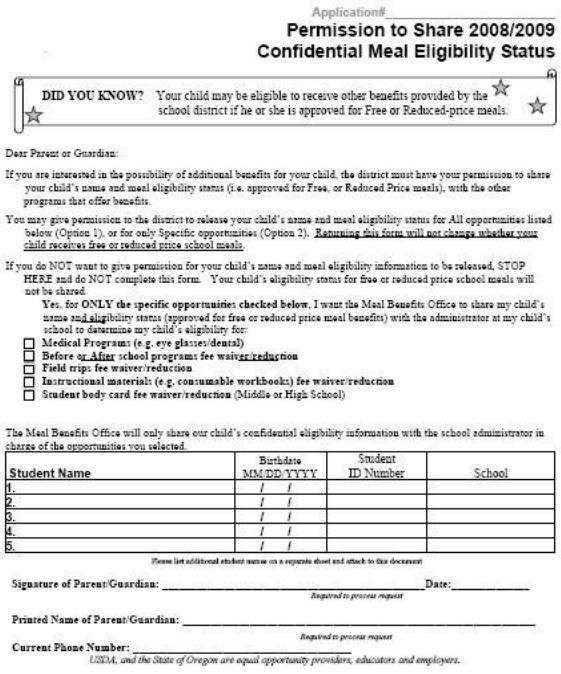
Student Racial and Ethnic Group

Mark one or more racial identies:

☐ 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 materials (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.

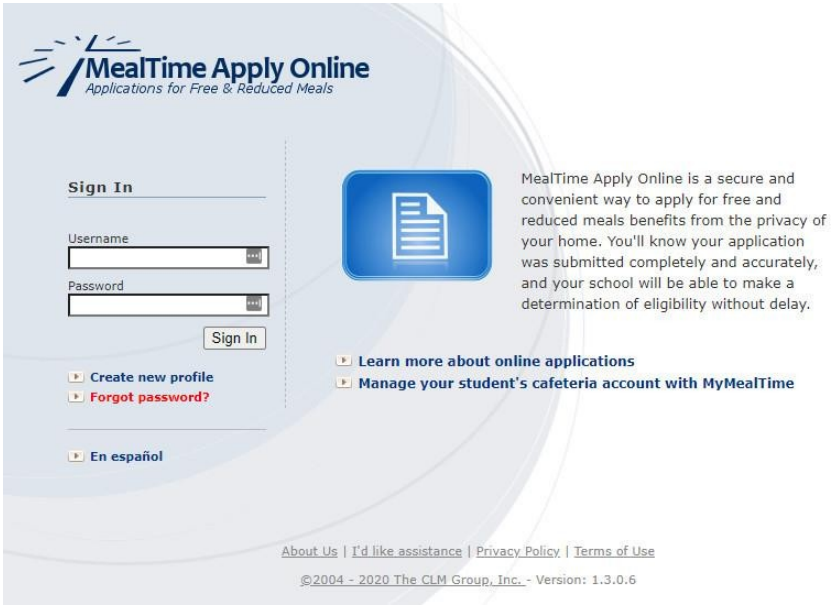
MealTime Apply Online™
Applications for Free & Reduced Meals

Guía para crear solicitudes gratuitas/reducidas mediante MealTime Apply Online

Nota: Apply Online utiliza estos símbolos de flecha para permitirle navegar por su solicitud. Después de cada paso, haga clic en la flecha hacia la derecha para avanzar al siguiente paso. Haga clic en la flecha de la izquierda para volver a la página anterior.

Crear y enviar una nueva solicitud

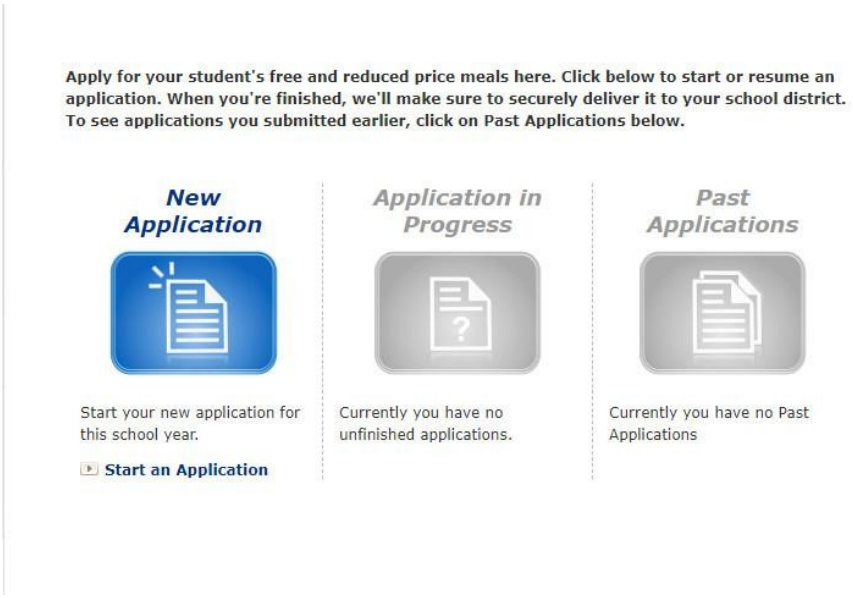
1. Abra su navegador de Internet y vaya a www.mymealtime.com/apps. (La escuela de su estudiante o distrito puede haber proporcionado un enlace a Solicitar en línea desde su sitio web).



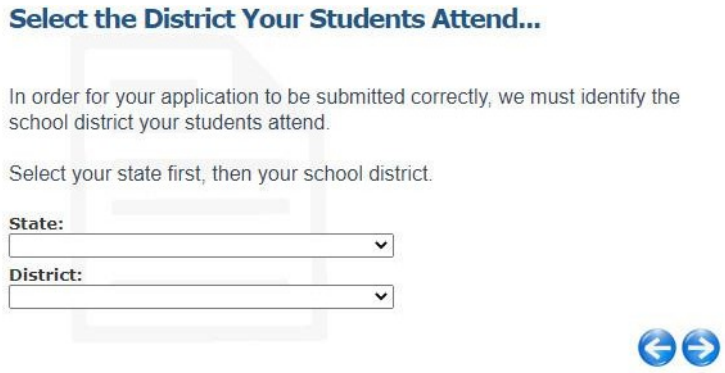
2. Si ya tiene una cuenta en Mi MealTime, utilice el mismo nombre de usuario y contraseña para iniciar sesión en MealTime Apply Online. Si ha olvidado su nombre de usuario o contraseña, haga clic en el enlace "¿Ha olvidado su contraseña? Si aún no ha creado una cuenta, haga clic en el enlace "Crear nuevo perfil".

   Nota: Esta página puede consultarse en inglés haciendo clic en el enlace "In English".

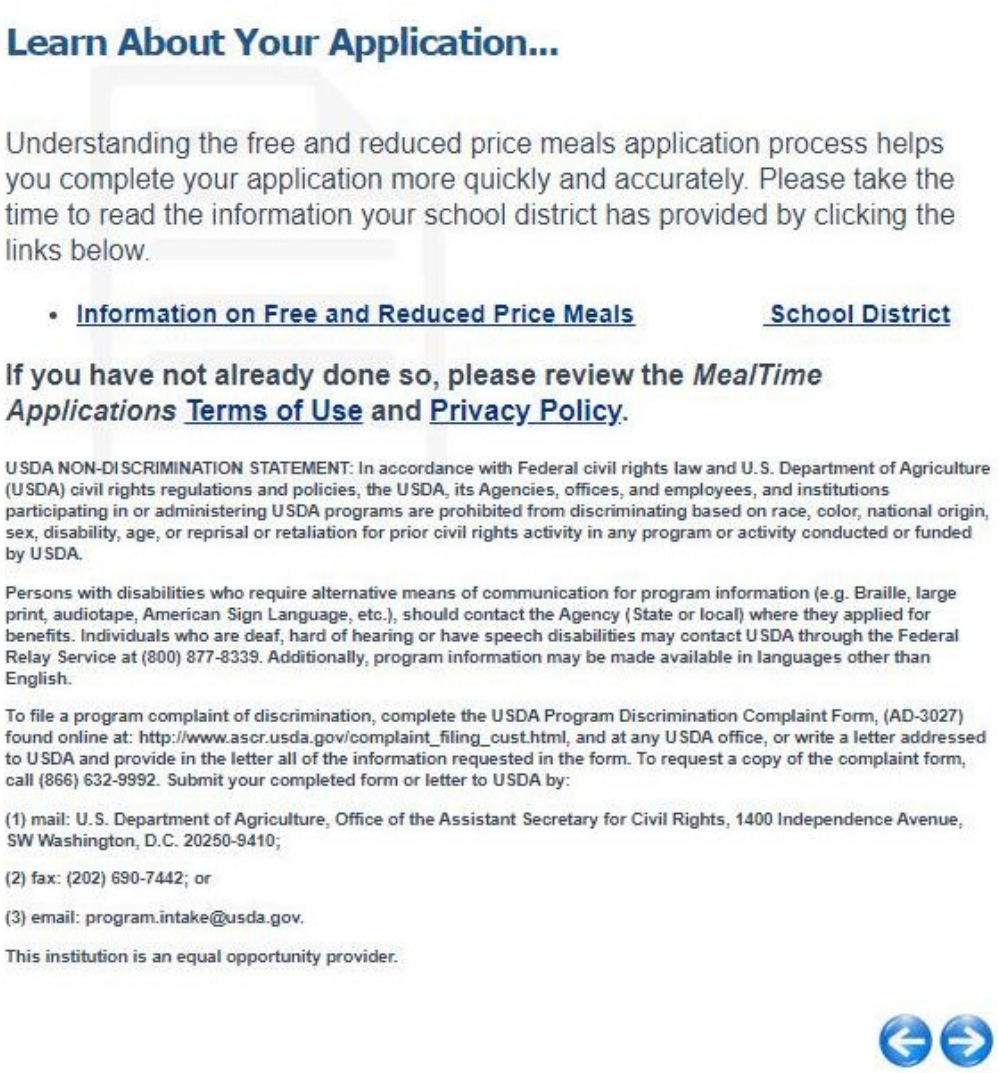
3. Para crear una nueva aplicación, haga clic en el botón "Nueva aplicación". Para volver a una solicitud ya iniciada, haga clic en "Solicitud en curso". Puede consultar las solicitudes anteriores pulsando el botón "Solicitudes anteriores".



4. Seleccione su Estado y la escuela o distrito escolar al que asisten sus alumnos. Cuando haya terminado, haga clic en la flecha hacia la derecha.



5. Haga clic en el enlace "Información sobre comidas gratuitas y a precio reducido" para obtener información de su centro escolar o
   Distrito. Se abrirá en una nueva pestaña del navegador.



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

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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.

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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:

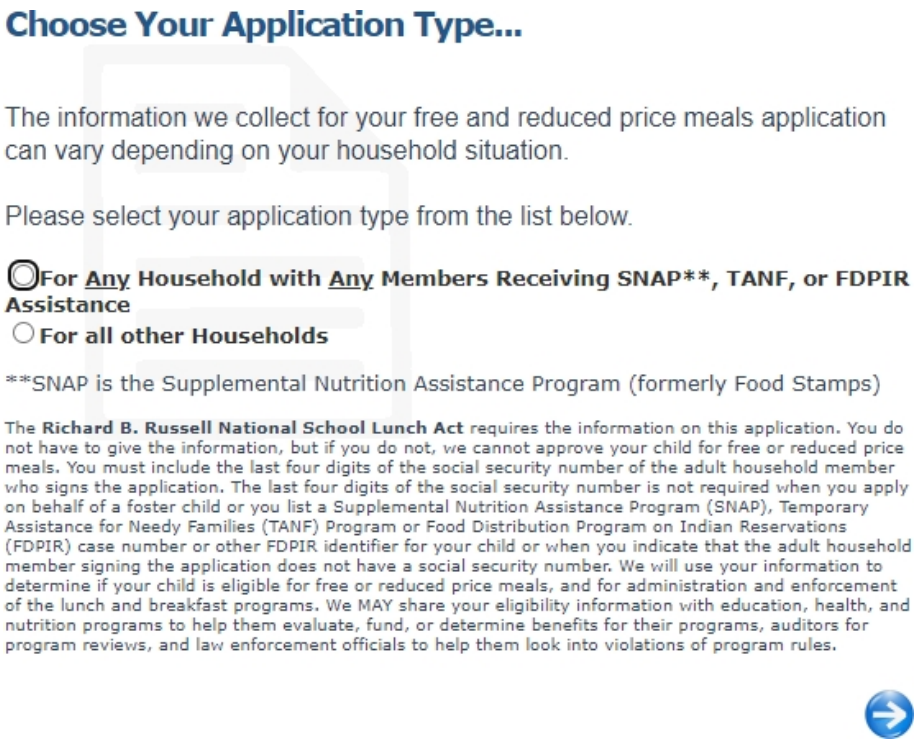
(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

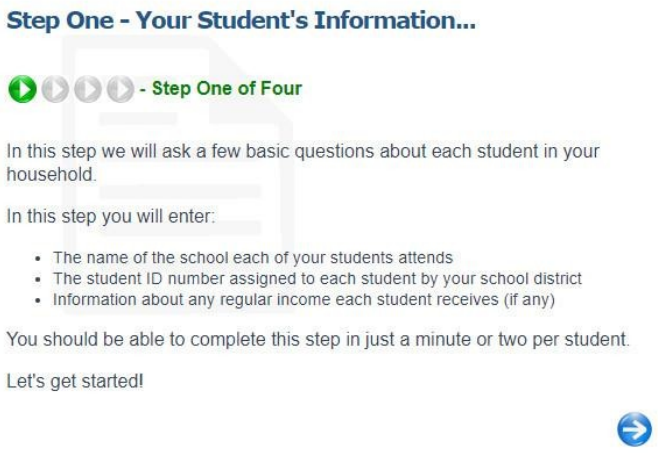
This institution is an equal opportunity provider.

6. Seleccione el tipo de solicitud para su hogar.



Primer paso

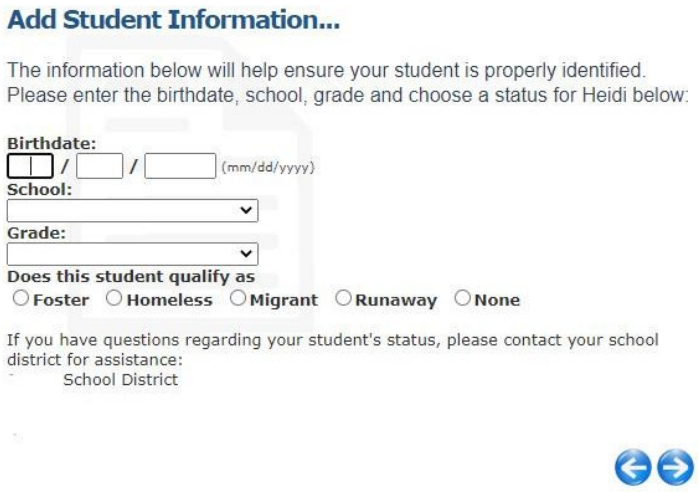
7. En el Paso Uno, usted añadirá uno o más estudiantes a sus solicitudes. Esta primera página proporciona una visión general de la información necesaria para añadir su(s) estudiante(s) a una solicitud. Por favor, lea la información. Cuando haya terminado, haga clic en la flecha hacia la derecha.



8. Introduzca el nombre y el número de identificación del estudiante.
   Nota: El número de identificación del estudiante se puede obtener en la oficina de la escuela o distrito de su estudiante. Por razones de confidencialidad, MealTime no puede proporcionar esta identificación a los padres.

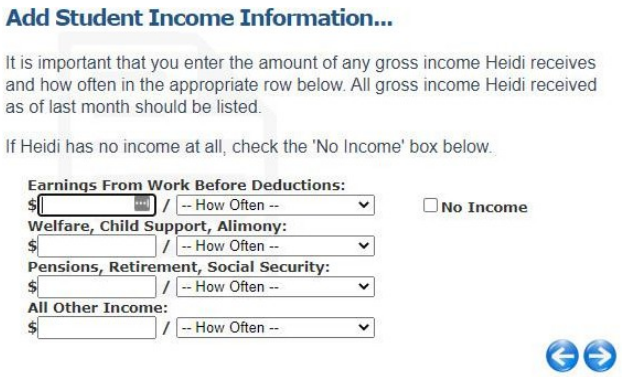


9. Introduzca la fecha de nacimiento del alumno. En la lista desplegable, seleccione la escuela a la que asiste y su curso. Si el alumno es un niño en acogida, sin hogar, emigrante o fugitivo, seleccione la opción correspondiente. En caso contrario, seleccione "Ninguno".

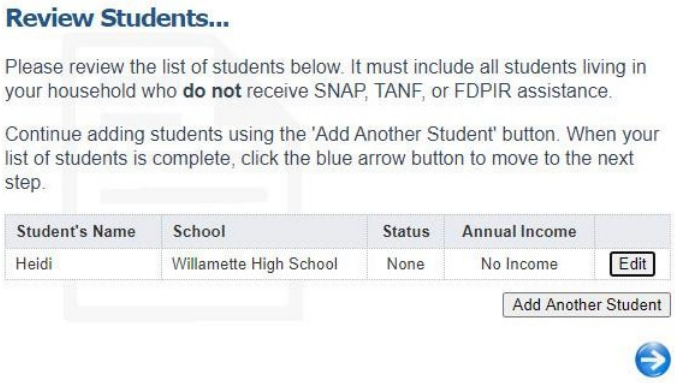


10. Si el estudiante tiene ingresos, introdúzcalos aquí junto con la frecuencia con la que los percibe. Si no tiene ingresos, seleccione "Sin ingresos".

    Nota: Los ingresos de otros miembros del hogar ***no*** deben incluirse en esta sección.

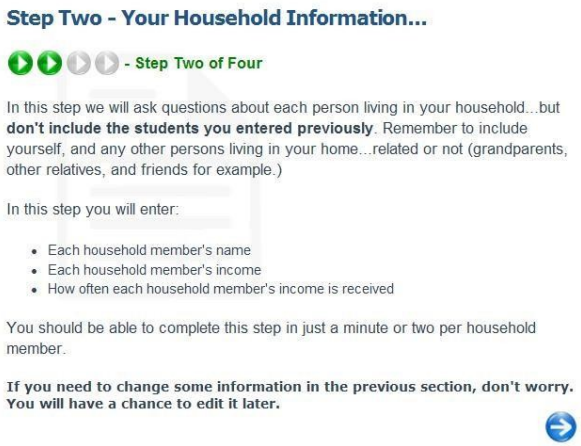


11. Revise la información del estudiante que ha añadido. Si tiene estudiantes adicionales para agregar en esta escuela, haga clic en el botón "Agregar otro estudiante". Los estudiantes que no pertenezcan al distrito que ha seleccionado para el envío, se añadirán como "Miembros del hogar" en la siguiente pantalla.



Segundo paso

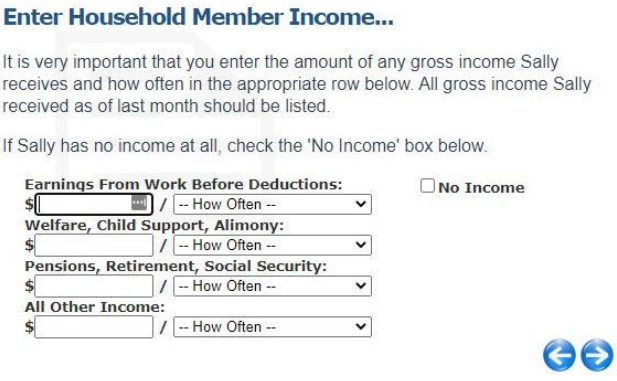
12. En el segundo paso, introduzca todos los miembros de la unidad familiar que no sean estudiantes y que vivan en su domicilio. Cada miembro del hogar debe introducirse individualmente con sus ingresos individuales.



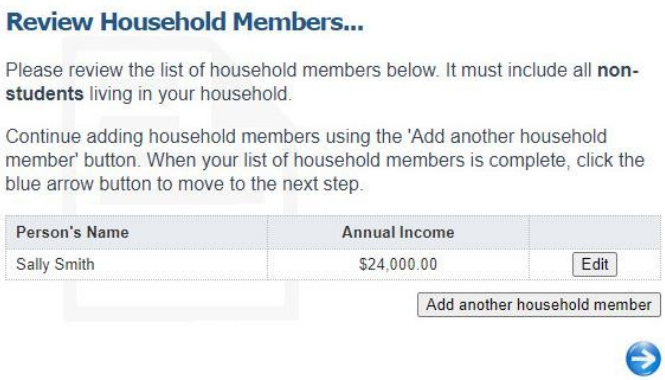
13. Introduzca los datos del primer miembro de la unidad familiar.



14. Introduzca los ingresos del miembro de la unidad familiar y la frecuencia. Si no tiene ingresos, seleccione
'Sin ingresos'.

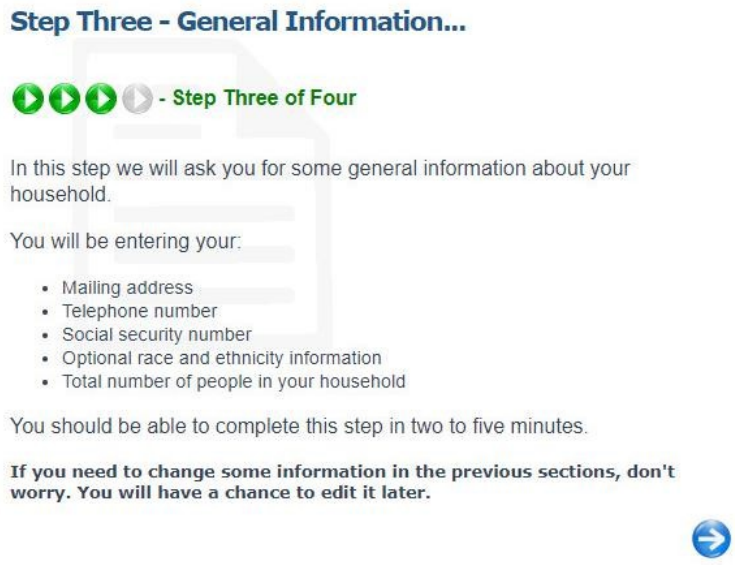


15. Revise la información del miembro del hogar que ha añadido. Si desea añadir más miembros, haga clic en "Añadir otro miembro".

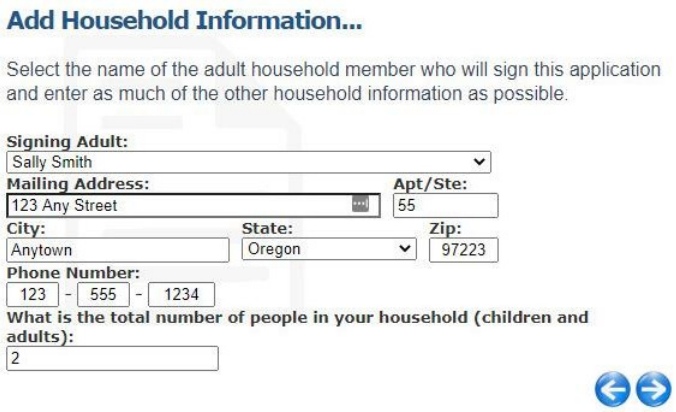


Tercer paso

16. En el tercer paso, introducirá la información general necesaria para completar la solicitud. En la primera página se explica qué información es necesaria.



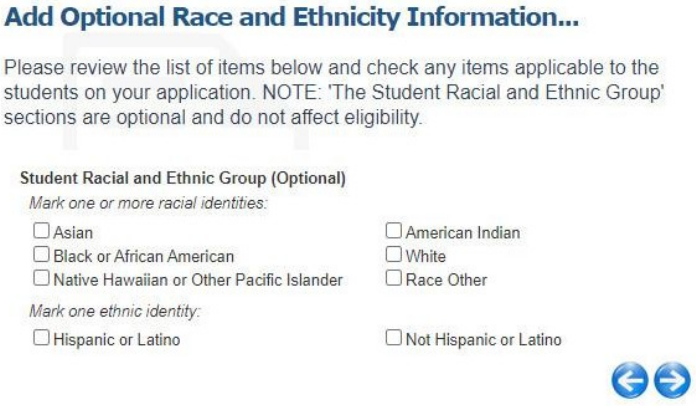
17. En la lista desplegable, seleccione el miembro adulto de la familia que firmará la solicitud. Introduzca el resto de la información.



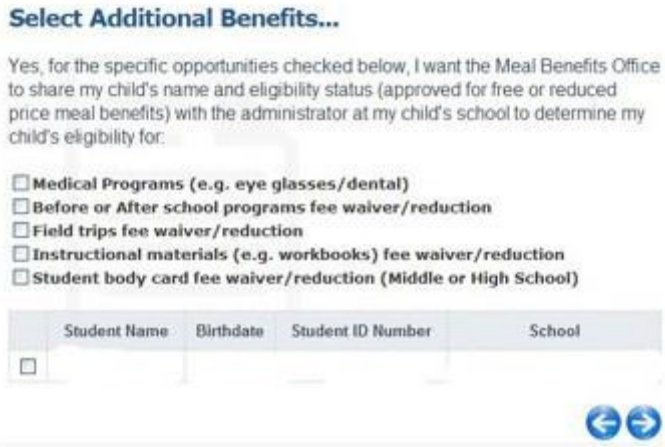
18. Introduzca los cuatro últimos dígitos del número de la Seguridad Social del firmante. Si no lo tiene, seleccione
'Sin número de la Seguridad Social'.



19. La selección de información sobre raza y etnia es opcional.

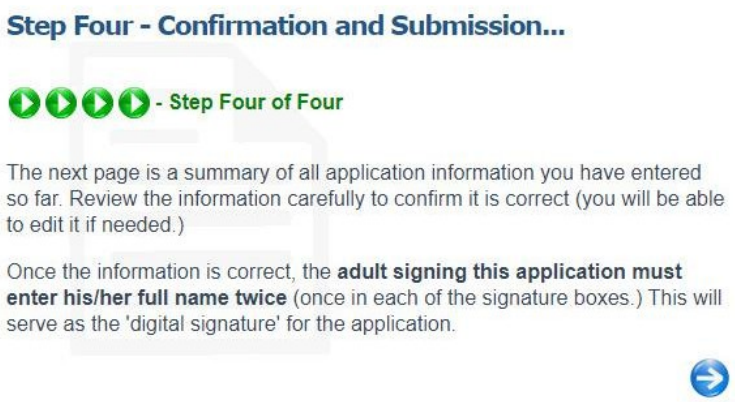


20. Si su distrito escolar ofrece prestaciones adicionales, como programas médicos, excursiones, etc., seleccione la(s) prestación(es) correspondiente(s). A continuación, seleccione el/los estudiante(s) que recibirá(n) estas prestaciones.

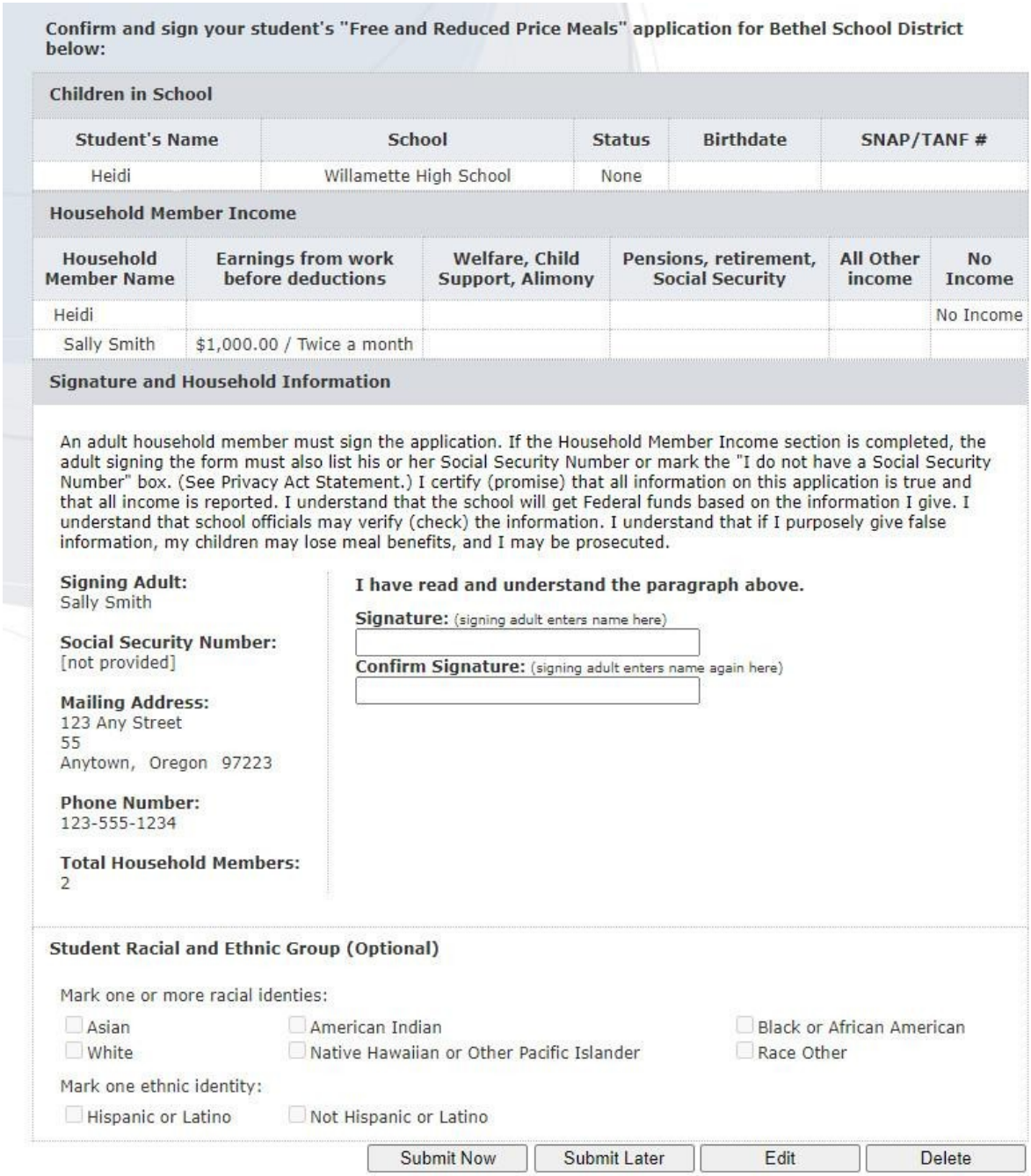


Cuarto paso

21. En el cuarto paso, firmará y presentará sus solicitudes. Esta primera página ofrece una visión general de la información de confirmación y envío necesaria para completar y enviar su solicitud.



22. Una vez completada la solicitud, se pedirá al firmante que firme digitalmente la solicitud introduciendo su nombre dos veces. Introduzca el nombre del firmante exactamente como se escribe bajo el adulto firmante.



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 identies:

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

Submit Now | Submit Later | Edit | Delete

Nota: Si hace clic en "Enviar ahora", aparecerá el siguiente mensaje. Al hacer clic en "Enviar más tarde" se guardará el
solicitud para su futura presentación.

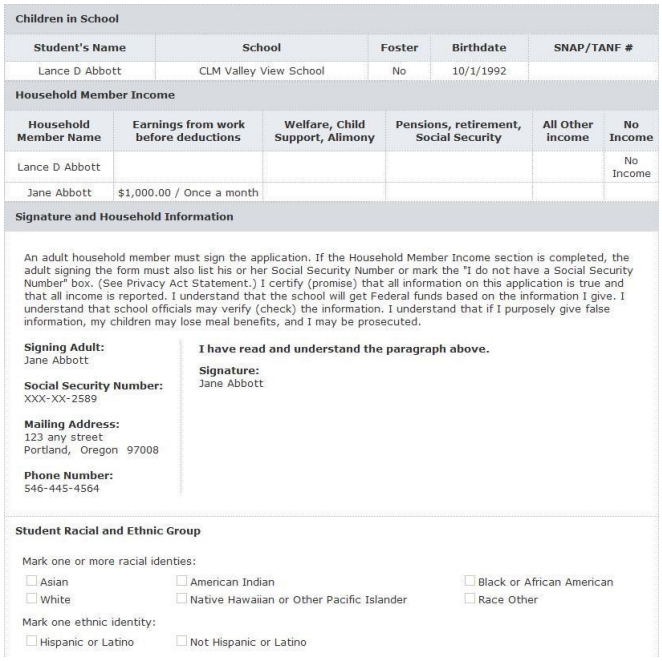
23. Si ha hecho clic en "Enviar ahora" en el paso anterior, aparecerá el siguiente mensaje. Haga clic en "Sí" para confirmar. Haga clic en "No" para volver al paso anterior.



24. Una vez que se ha presentado correctamente una solicitud, el firmante tendrá la opción de realizar cualquiera de las siguientes acciones:



25. Si desea ver o imprimir su solicitud, haga clic en Ver o imprimir esta solicitud. Vea el ejemplo siguiente.



Children in School

Student's Name	School	Foster	Birthdate	SNAP/TANF #
Lance D Abbott	CLM Valley View School	No	10/1/1992	

Household Member Income

Household Member Name	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, retirement, Social Security	All Other income	No Income
Lance D Abbott					No Income
Jane Abbott	$1,000.00 / Once 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:
Jane Abbott

Social Security Number:
XXX-XX-2589

Mailing Address:
123 any street
Portland, Oregon 97008

Phone Number:
546-445-4564

I have read and understand the paragraph above.

Signature:
Jane Abbott

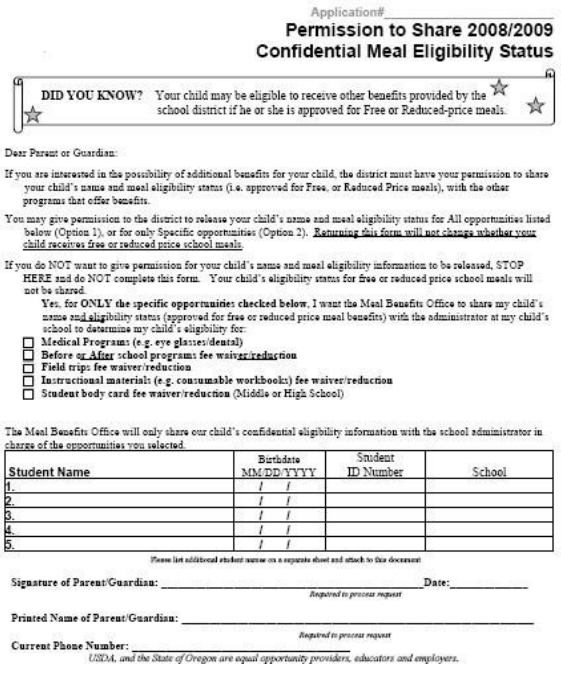
Student Racial and Ethnic Group

Mark one or more racial identies:

☐ 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 materials (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.