

Applying for Free and Reduced Meals Just Got Easier!



Welcome! This school year **iLEAD Antelope Valley** has partnered with My Mealtime to use <u>Apply Online</u> to provide the opportunity for you to create and submit Free and Reduced Applications via My Mealtime.

To Use My MealTime Apply Online:

In order to fill out an online application visit: www.mymealtime.com

Step 1: Create a My MealTime Online profile if you do not already have one that you use with My MealTime Pay Online. Click on the "Register now for your FREE account" link and enter a Username and Password that you will use to login to My MealTime Online.

Step 2: Login to your My MealTime Online account (using the Username and Password that you created in Step 1).

Step 3: Click the following link



Then follow the wizard to create your application. You will need your learner's first name and your learner's school ID number to proceed. The school ID number is found by entering the school code **508**_ and then your learners Local Student ID code that can be found in your School Pathways account or by contacting the office at betty.lara@ileadav.org. **Example: 508_00011**

Once the application is finished you will receive notification regarding the determination of the application within 10 business days by email.



A Guide to Creating Free/Reduced Applications Using MealTime Apply Online

Note: Apply Online uses these arrow symbols () to enable you to navigate through your application. After each step below, click the right-facing arrow to move forward to the next step. Click the left-facing arrow if you need to return to a previous page.

Creating and Submitting a New Application

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



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

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



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



4. Select your State and the school or school district your students attend. When finished, click the right-facing arrow. (a) Make sure to select iLEAD California as your district.





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.

Choose Your Application Type...

The information we collect for your free and reduced price meals application can vary depending on your household situation.

Please select your application type from the list below.

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

O For all other Households

**SNAP is the Supplemental Nutrition Assistance Program (formerly Food Stamps)

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.



Step One

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

Step One - Your Student's Information... In this step we will ask a few basic questions about each student in your household. In this step you will enter. The name of the school each of your students attends The student IO number assigned to each student by your school district Information about any regular income each student receives (if any) You should be able to complete this step in just a minute or two per student. Let's get started!



8. Enter the student's first name and student ID number.

Note: The student ID number can be obtained from the office at your student's school or district. For confidentiality reasons, MealTime cannot provide this ID to parents.

The school ID number is found by entering the school code 508_ and then your learners Local Student ID code that can be found in your School Pathways account or by contacting the office at betty.lara@ileadav.org. Example: 508_00011

Add a Student to Your Application	
Simply enter the student's first name and his/her school district assigned ID number below.	
First Name:	
Student ID:	

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'.

Add Student Information...

The information below will help ensure your student is properly identified. Please enter the birthdate, school, grade and choose a status for Heidi below:

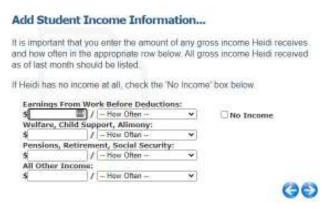
Birthdate: (mm/dd/yyyy)	
School:	
Grade:	
Does this student qualify as	
O Foster O Homeless O Migrant	ORunaway ONone
If you have questions regarding your studistrict for assistance: School District	udent's status, please contact your school



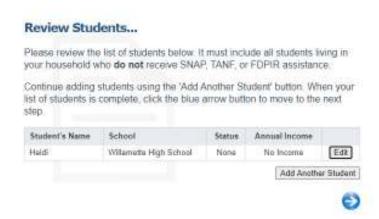


10. If the student has an income, enter it here along with the frequency this income is earned. If they do not earn an income, select 'No Income'.

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



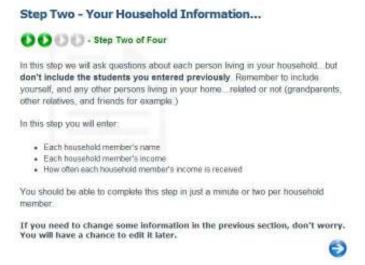
11. Review the information for the student you added. If you have additional students to add, click the 'Add Another Student' button.





Step Two

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



13. Enter the information for the first household member.

Add a Household Member... Please enter the first, middle, and last names of the adult household member who will be signing this application. First Name: Jane Middle Name: Abbott

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

Enter Household Member Income...

It is very important that you enter the amount of any gross income Sally receives and how often in the appropriate row below. All gross income Sally received as of last month should be listed.

If Sally has no income at all, check the 'No Income' box below.

\$		How Often	~	
Welfare,	Child Sup	port, Alimony:		
\$	1	How Often	~	
Pensions,	Retirem	ent, Social Securit	y:	
\$	1	How Often	~	
All Other	Income:			
\$	1	How Often	~	





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



Step Three

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





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



18. Enter either the last four digits of the signer's Social Security Number. If they do not have one, select 'No Social Security Number'.



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

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



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



Step Four

21. In Step Four, you will sign and submit your applications. This first page provides an overview of the confirmation and submission information required to complete and submit your application.

Make sure to fill out your full name (including middle name if it was included)





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.

	ool							
Student's Na	me	Sch	ool	Stat	tus	Birthdate	SNAP/1	ANF#
Heidi		Willamette F	ligh School	Nor	ne			
Household Mem	ber Incon	ne						
Household Member Name		js from work deductions	Welfare, Cl Support, Alir			ns, retirement, cial Security	All Other income	No Incom
Heidi								No Incor
Sally Smith	\$1,000.00	/ Twice a month						
Signature and H	lousehold	Information						
Social Security [not provided] Mailing Addres			re: (signing adult o			ame again <mark>h</mark> ere)		
123 Any Street 55 Anytown, Orego Phone Number 123-555-1234 Total Househol 2	r:							
Phone Number 123-555-1234 Total Househo	r: Id Membe and Ethnic	rs: : Group (Optiona	I)					
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Phone Number 123-555-1234 Total Househol 2 Student Racial a Mark one or mon Asian White	r: Id Membe and Ethnic re racial ide	rs: : Group (Optiona enties:	an	fic Island	er	□ Black or □ Race Oth		rican
Phone Number 123-555-1234 Total Househol 2 Student Racial a Mark one or mon	Id Member and Ethnic re racial ide identity:	rs: : Group (Optiona enties: 	an an or Other Paci	fic Island	er			rican

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



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



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

Your Free and Reduced Price Meals Application Has Been Submitted Your Free and Reduced Price Meals Application is now available to your school district's 'Approval Determining Official.' In most cases your school district will notify you of the Application's status within 10 business days. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days. Your Free and Reduced Price Meals Application is now available to your school district will notify you of the Application's status within 10 business days.



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



	Perm	ission to Sh	are 2008/200
	Confider	ntial Meal Eli	gibility Statu
•			
DID YOU KNOW?	Your child may be eligible to receiv school district if he or she is approv	re other benefits provi red for Free or Reduc	ded by the A
ear Parent or Guardian:			
	bility of additional benefits for your chil eligibility status (i.e. approved for Free,		
	district to release your child's name and by Specific opportunities (Option 2). <u>Res</u> d price school meels.		
school to determine my	tas (approved for free or reduced price n child's eligibility for:	seal benefits) with the a	iministrator at my child'
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