

schoolcafé

Quick Card

1

1

Apply for Free & Reduced Meals

Select from Various Languages

English

中文

Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

Use of Information Statement | Non-Discrimination Statement

Add a Student

Date of Birth

First Name

Middle Name

Last Name

School

Is this student a Foster, Homeless, Migrant, Runaway, Head Start child?

Was this student approved for a PFD?

Does this student receive income?

To ensure that we can match your students, please enter as many details as possible.

Cancel Add this Student

Add Details: such as Income, or if your Student is Foster or Homeless

2

Click to Certify your Information is Correct

Eligibility Benefits

Apply

My Applications

Eligibility Notifications

Menus & Nutrition

My Account

Polls (0)

Support

Logout

Certify

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

Bob Smith

4422 Cypress Creek Pkwy Suite 400
Houston, TX 12345
123-456-7899
test@test.com

I certify (pronounced "I certify") that the information provided is true and that I understand that if I purposely give false information, my children will lose benefits, and I may be prosecuted.

Previous Next

Edit Application Information

3

Add Students to your Application

Students Assistance Household Review Details Submit

Students

Enter all K-12 students in your application.

Add a Student

You do not have any students associated with your SchoolCafe account. You need to add at least one student.

Previous Next

Use of Information Statement | Non-Discrimination Statement

schoolcafé

Quick Card

Students Already Added will Populate and can be Selected here

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Select students from your SchoolCafé account

Please select any students you have already added to your account and answer a few basic questions in order to speed up the application process!

- Jane Kaye Smith
- Sean Michael Smith

Select Students Already Added

Are there any other students in your household?

Yes No

Do any of the students in your household receive income?

Yes No

Are any of these students Foster, Homeless, Migrant, Runaway, or Unaccompanied?

Yes No

Do you receive any assistance from SNAP, TANF, or FDIPIR?

Yes No

Answer Questions about your Household

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English

Students Assistance Household Review Submit

Assistance

Do you receive any assistance from SNAP, TANF, or FDIPIR?

Yes No

Previous Next

Add Information about the Financial Assistance you Receive in the Assistance Step

English

Students Assistance Household Review Details Submit

Assistance

Do you receive any assistance from SNAP, TANF, or FDIPIR?

Yes No

Benefits Received * required

What type of benefits do you receive?

FDIPIR SNAP TANF

Previous Next

Use of Information Statement | Non-Discrimination Statement

What is your case number?

Case Number
1234567890

Enter Information such as Case Number

What is your case number?

Case Number
123456789|

Case number must be 10 digits.

Number of Digits is Validated to Ensure Accuracy

2

English

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Students Assistance Household Review 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

Add Additional Household Members

(student)
Income: None

(student)
Income: None

Smith, Bob (applicant)
Income: \$3,000.00 (Monthly)

Previous

Next

Adjust Income if Needed

Return to a Previous Step in your Application

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Quick Card

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- Students
- Assistance
- Household
- Review
- Submit

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

You have indicated that your household contains 2 K-12 student(s).

- Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No
- Income: None
Foster/Homeless/Migrant/Runaway/Head Start: No

Assistance

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

Household

Total Household Size (Including Children and Adults): 3

- (student)
Income: None
- (student)
Income: None
- Smith, Bob** (applicant)
Income: \$3,000.00 (Monthly)

Review your Application Information

Selected Students for Application

Assistance Information

Household Information

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- Students
- Assistance
- Household
- Review
- Submit

Submit

Bob Smith

Before submitting, please fill in a few details about yourself. This information will not be shared but helps the food service office contact you with the results of your application.

An adult household member must electronically sign the application. If the household member inform section is an adult signing this application should have a social security number or mark the "I do not have a SSN"

to capture the last 4 digits of your social security number for applying. If you do not have a social security number you may indicate that below.

Do you have an SSN?

Yes No

Enter the last 4 digit of your Social Security Number
1234

Enter the Last Four Digits of your SSN (if required)

Digitally Sign your Online Application

Submit your Application

Bob Smith

Your application was successfully verified and signed via IP Address 10.10.100.91.

Submit My Application

Return to Previous Steps to Adjust Any Information

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Summary

You have successfully completed your online application!
Your application number is 5. You can find the details of your information on the My Applications page. When processing is completed, you will receive a letter officially notifying you of the results from your district. Those results will be available on the Eligibility Notifications page.

Copy of your application

After Submitting, you'll Receive an Application Copy

Print or Download a Copy of your Application

Student ID	Last Name	First Name	Sex	Race	Student?	DOB	Grade	Current Application
100001								
100713								

Household Member (First and Last Name)	Earnings from above	How Often?	SNAP Assistance / Food Support / Stipend	How Often?	FDPIR / Supplemental or Other Income	How Often?
Bob Smith	\$3,000.00	Monthly				

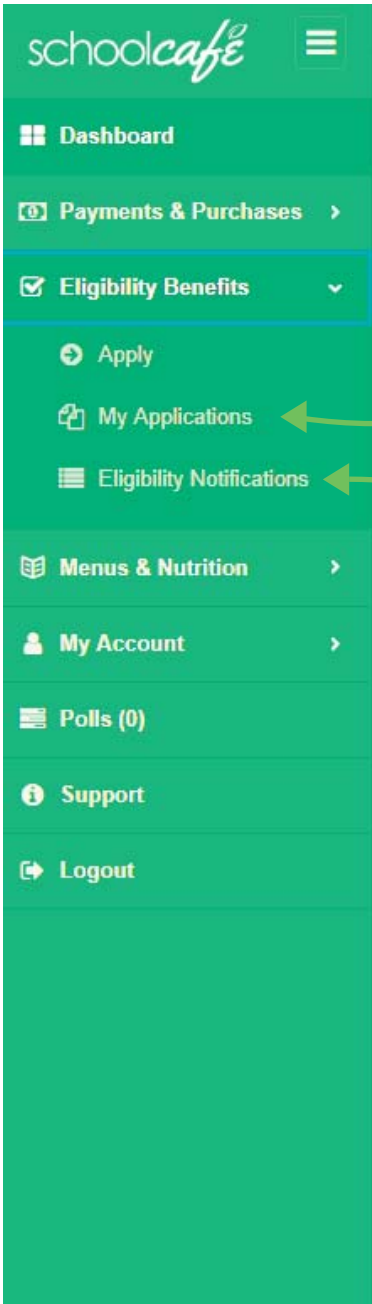
Print name of adult completing the form	Signature of adult completing the form	Today's Date
Bob Smith	[Signature]	10/20/18

Print Download

I need to apply for more students. Start another application.

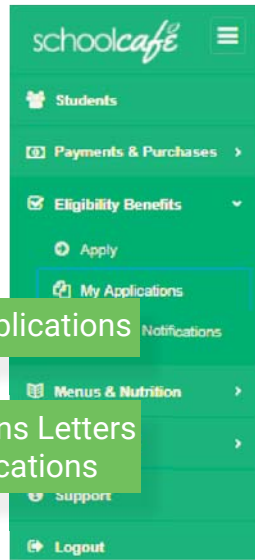
schoolcafé

Quick Card



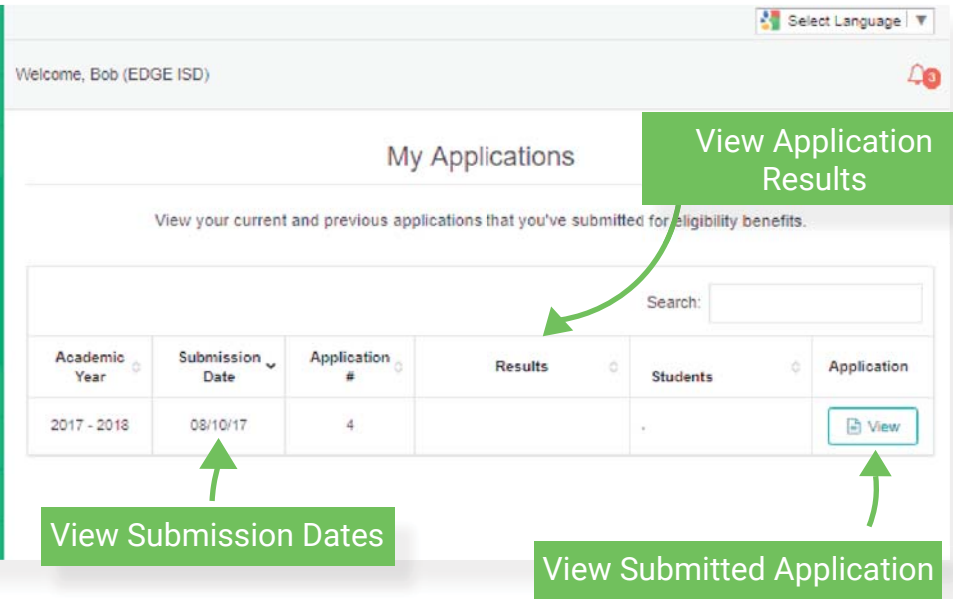
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- Dashboard
- Payments & Purchases
- Eligibility Benefits
 - Apply
 - My Applications
 - Eligibility Notifications
- Menus & Nutrition
- My Account
- Polls (0)
- Support
- Logout



schoolcafé

- Students
- Payments & Purchases
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Welcome, Bob (EDGE ISD)

My Applications

View your current and previous applications that you've submitted for eligibility benefits.

Search:

Academic Year	Submission Date	Application #	Results	Students	Application
2017 - 2018	08/10/17	4			View

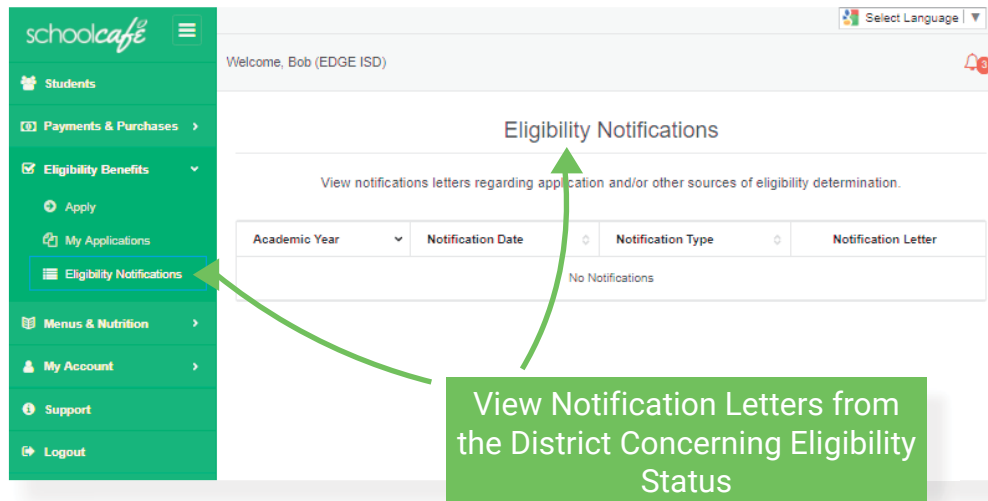
View Application Results

View Submission Dates

View Submitted Application

View Previous Applications

View Notifications Letters Regarding Applications



Welcome, Bob (EDGE ISD)

Eligibility Notifications

View notifications letters regarding application and/or other sources of eligibility determination.

Academic Year	Notification Date	Notification Type	Notification Letter
No Notifications			

View Notification Letters from the District Concerning Eligibility Status

