

# Meal Benefits Application (Portal)

The Meal Benefits Application allows parents/guardians to electronically submit Meal Benefits Applications to their district.

## Step 1. Register PIN Number/Electronic Signature

In order to submit a legally-binding application to the district, an E-Signature PIN must be established. If you already have a PIN, skip to Step 2. The E-Signature PIN allows users to submit an electronic signature along with the application which is treated the same legally as a signature made on the paper application.

**John Anthony Smith**

Welcome Jane Smith [Sign Out](#)

11-12 Willmar Senior High  
Student Number: 123000152  
Grade: 12

**John**

- Calendar >
- Fees >
- Demographics >
- Family
- Messages >
- Household Information >
- Family Members >
- Applications/Forms
- User Account
- Account Management >

**Applications/Forms**

Meal Benefits Application [click here to start the application process.](#)

Reports on this page require the Adobe Acrobat Reader (free).

**E-Signature**

You do not have an E-Signature PIN.

The [Insert DISTRICT NAME HERE] has adopted the use of electronic signatures for some documents. By registering and creating your electronic signature PIN you will be able to apply your signature electronically to some documents the district publishes that require your signature. Registration is easy to complete and takes less than 5 minutes.

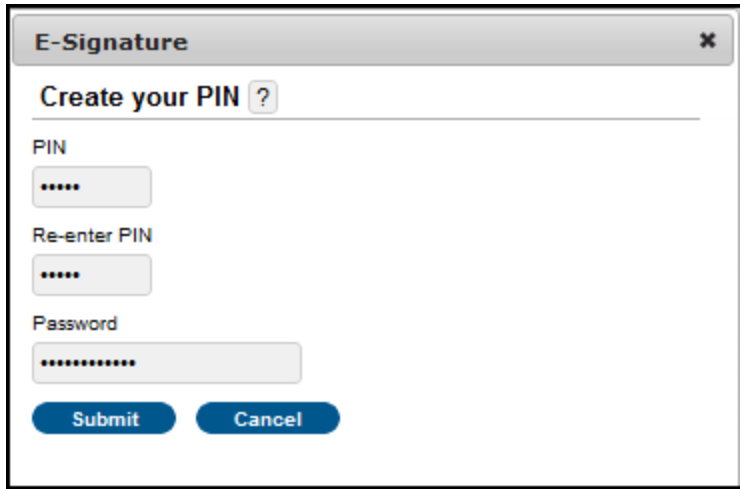
Once registered, documents or applications that accept an E-signature may also give you the option to not use your electronic signature and instead print the document, sign, and submit the paper form. Not all documents or applications will require a PIN.

**Would you like to create your E-Signature PIN now?**

[Yes](#) [No](#)

### Notification of No E-Signature PIN Established

To create an E-Signature PIN, click the **Yes** button. The Create your PIN editor will display.



**E-Signature** [X]

**Create your PIN** ?

PIN  
\*\*\*\*\*

Re-enter PIN  
\*\*\*\*\*

Password  
\*\*\*\*\*

**Submit** **Cancel**

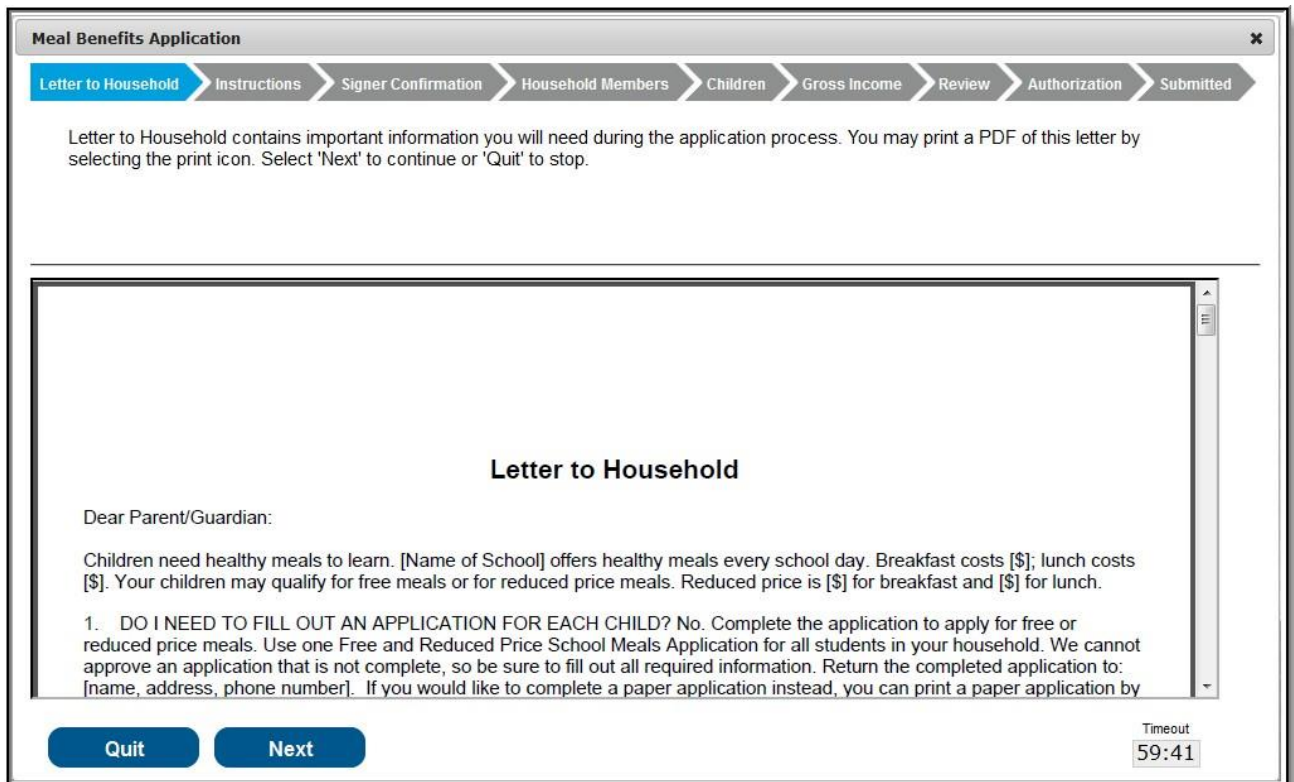
To create a PIN, enter the **PIN**, **Re-enter the PIN**, enter your current Campus account **Password** and select the **Submit** button. Your PIN is now saved within Campus and available for use with any documents or forms which require a PIN for signature or verification. To change you PIN, go to the [Account Management](#) tool.

The PIN must be five characters with one letter and four numbers.

## Step 2. Review the Letter to Household

The application signer must review the Letter to Household prior to beginning the application process. This letter contains important information and guidance about the online Meal Benefits Application.

After you review or print the letter for reference, click the **Next** button to [review the application's instructions](#).



**Meal Benefits Application** [X]

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

Letter to Household contains important information you will need during the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue or 'Quit' to stop.

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**Letter to Household**

Dear Parent/Guardian:

Children need healthy meals to learn. [Name of School] offers healthy meals every school day. Breakfast costs [\$]; lunch costs [\$]. Your children may qualify for free meals or for reduced price meals. Reduced price is [\$] for breakfast and [\$] for lunch.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: [name, address, phone number]. If you would like to complete a paper application instead, you can print a paper application by

**Quit** **Next**

Timeout  
59:41

## Step 3. Review Application Instructions

The application signer must also review the Application Instructions prior to beginning the application process. These instructions can also be printed and contain important information about the application process and submission.

After you review or print the Application Instructions for reference, click the **Next** button. The [Signer Confirmation screen](#) displays.

The screenshot shows a web browser window titled "Meal Benefits Application". At the top, there is a progress bar with several steps: "Letter to Household", "Instructions" (highlighted in blue), "Signer Confirmation", "Household Members", "Children", "Gross Income", "Review", "Authorization", and "Submitted". Below the progress bar, a message states: "Application Instructions will help guide you through the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue." The main content area is titled "Application Instructions" and contains three paragraphs of text. The first paragraph says: "You are submitting an application for the [insert school year] School Year. Application Instructions will help guide you through the application process." The second paragraph says: "It is recommended you gather any household income information needed and review your household members in the Household Information section of the Portal for accuracy prior to starting the online application. The USDA's definition of a household member is any child or adult living with you." The third paragraph says: "An electronic signature PIN is required to submit your online Meal Benefits Application. If you do not have an electronic signature PIN created you will be required to do so prior to starting your online Meal Benefits Application. Prior to". At the bottom of the content area, there are two buttons: "Previous" and "Next". To the right of these buttons, there is a "Timeout" indicator showing "59:49".

## Step 4. Review and Confirm 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.

If the address shown is incorrect and your district has [Self Service](#) functionality enabled, you can updated it using the [Household Information](#) tool.

**Meal Benefits Application** ✕

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

Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Quit' if you are not this person or if you do not wish to continue.

---

**Smith, Jason** you have been identified as the household member signing this Meal Benefits Application.

You are applying for meal benefits for all household members living at the address below. If the address is incorrect, please contact your child(ren)'s school to request a change.

**Primary Address:**  
123 Main Street  
Metro City, MN 55432

Quit

Previous

Next

Timeout  
57:55

## Step 5. Confirm Household Members

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.

Verifying Household Members

Adding a Household Member

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.

The manually added child household member must exist in Campus at the time the FRAM Processor processes the application. If the manually added child member does not exist within Campus, the application cannot be processed and must be suspended if the district cannot confirm the validity of the child member.

- 1. Click the **Add Household Member** button.

Result

The Add Child/Adult Member editor displays.

Add Child/Adult Member

Select the type of person you are adding to your household, either child or adult. A child is a person who will be enrolled in the school district during the school year. An adult is a person who will not be enrolled in the school district during the school year. Complete the required fields and select 'Save' when finished or 'Cancel' to return to the household members screen.

\* Required

☐ Child ☐ Adult

Cancel

Save

- 2. Select whether the person is a **Child** or **Adult** and click the **Save** button

A Child is a household member who will be enrolled in the district during the school year.

An Adult is any household member who will not be enrolled in the district during the school year.

Result

The Add Child/Adult Member window displays.

Add Child/Adult Member

Select the type of person you are adding to your household, either child or adult. A child is a person who will be enrolled in the school district during the school year. An adult is a person who will not be enrolled in the school district during the school year. Complete the required fields and select 'Save' when finished or 'Cancel' to return to the household members screen.

\* Required

☒ Child ☐ Adult

\* Last Name:

\* First Name:

Middle Name:

Suffix:

Gender:

DOB:

Student Number:

School:

Grade:

Cancel

Save

3. Enter information about the household member in all required fields and select the **Save** icon. Required fields display with a red asterisk.

### Result

The Household Members Confirmation screen displays. The added household member appears on the Household Members screen with the words (Manual Add) appearing after the person's name. To remove the person from the household, select the black X on the far right of the screen.

**Meal Benefits Application**

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

Household Members are listed below. You must confirm each person living in your household by selecting the check box next to their name. If a person listed below is no longer living in your household, do not check the box next to their name. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information or uncheck the application signer. After you have identified and/or added household members select 'Next' to continue.

Name	Gender	DOB	School	Grade
<input checked="" type="checkbox"/> Smith, Jason A (Signer)	M			
<input type="checkbox"/> Smith, Amy Jo	F	10/27/2004	019 Westridge MS	06
<input type="checkbox"/> Smith, Barbara S	F			
<input type="checkbox"/> Smith, Samuel	M			
<input type="checkbox"/> Smith, Simon	M	12/02/2005	017 Shoemaker Elem	05
<input checked="" type="checkbox"/> Smith, Joe P (Manual Add)	M		008 Jefferson Elem	KG

If you need to add additional household members click here. [Add Household Member](#)

[Previous](#) [Next](#) Timeout 52:53

4. Once all household members have been identified, select the **Next** button.

## Step 6. Indicate Meal Benefits

Once household members have been identified, the application signer is asked whether any household members receive SNAP, TANF, or FDPIR benefits

**Meal Benefits**

Do any household members receive benefits? (SNAP, TANF, or FDPIR)

[No](#) [Yes](#)

## Identifying SNAP, TANF or FDPIR Benefits

If household member(s)...	Then...
do NOT receive benefits	click <b>No</b> . You will be directed to the Children screen ( <a href="#">see Step 7</a> ).
DO receive SNAP, TANF or FDPIR benefits	click <b>Yes</b> . Enter the benefit case number then click <b>Next</b> .

Meal Benefits Application

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

Enter the benefit case number. Select 'Next' to continue.

\* Required

\* Please enter the benefit case number.

Previous Next

Timeout 59:18

## Step 7. Confirm Child Household Members

Now that household members have been established, children in the household must be identified. Mark the checkbox next to the name of each child household member then click Next.

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
<input type="checkbox"/> Smith, James John (Signer)	F			
<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

## Step 8. Indicate Foster Children

Once student household members have been identified, the application signer must indicate whether any of the student household members are foster children.

Gender	DOB	School
M		
M		
F	04/01/2011	

If a household member...	Then...
IS a foster child	click <b>Yes</b> . Mark the checkbox next to the name of each student household member that is a foster child, enter their <b>Monthly Income</b> and select the <b>Next</b> button.
is NOT a foster child	click <b>No</b> and go to step 9.

Meal Benefits Application

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

Foster Children must be confirmed by selecting the check box next to their name. Enter any income the foster child receives. After you have identified foster children select 'Next' to continue.

Name	Gender	DOB	School	Grade	Monthly Income
<input checked="" type="checkbox"/> Example, Student (Manual Add)	M	1/1/1996	Middle School	08	\$ 10.00
<input type="checkbox"/> Smith, John Anthony	M	01/01/1995	Senior High	12	\$
<input type="checkbox"/> Smith, Susie Marie	F	04/01/2011			\$

Previous Next

Timeout 57:35



## Step 9. Indicate Migrant, Homeless, Runaway, and Head Start Children

Once Foster students are identified, the application signer must indicate whether any of the student household members are Migrant, Homeless, Runaway, or Head Start children.

If a household member...	Then...
IS a Migrant, Homeless, Runaway, or Head Start child	click <b>Yes</b> . Select one of the following options from the Student Indicator dropdown for the appropriate student(s) then click <b>Next</b> :  Homeless, Runaway, Head Start, Migrant.
is NOT a Migrant, Homeless, Runaway, or Head Start child	click <b>No</b> and go to step 10.

## Step 10. Enter Household Member Income

Now that household members have been identified, income must be entered for each member.

If...	Then...
you want to enter income information	indicate each household member's income by selecting the <b>Add Income</b> button and entering their income amount.  OR  Mark the <b>No Income</b> checkbox for each household member that has no income.  Once all household member income has been entered, click <b>Next</b> .
you do NOT want to enter income information	click <b>Next</b> .  If income is not specified, <b>you are certifying that you have no income to report</b> . Your application will be processed as No Income and be approved for free benefits.

**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"/>	<b>Add Income</b>		
Smith, Alexandra	F	11/10/1994	<input checked="" type="checkbox"/>	<b>Add Income</b>		
<b>Student Household Members</b>						
Smith, Mariana	F	03/09/2000	<input type="checkbox"/>	<b>Edit Income</b>	Foster	\$10.00 (Monthly)

**Previous** **Next**

Timeout: 55:22

## Step 11. Review Household Information for Accuracy

Now that household members (and their benefits) have been identified, household information must be reviewed for accuracy.

The **Total Income** column lists the total amount of money each household member makes based on the frequency noted (i.e., monthly, yearly, etc). Frequencies listed in this column are automatically annualized across all members. The **Total Household Income** field indicates the total amount of income the household (all members included) earns per year. The **Total Household Size** indicates the total amount of members within the household.

Review all the information on the screen and if it is accurate, select the **Next** button. If this information is incorrect, select the **Previous** button to go back to the previous step and correct inaccurate information.

**Meal Benefits Application**

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

Review the household information below for accuracy. If any of the information is incorrect, select 'Previous' to go back and correct the data. After household information is reviewed select 'Next' to continue.

Name	Gender	DOB	School	Grade	Benefits	Student Indicator	Total Income
<b>Non-Student Household Members</b>							
Smith, James John (Signer)	F						\$1,500.00 (Twice a Month)
Example, Parent (Manual Add)	F						\$0.00
Smith, Jane Marie	F						\$100.00 (Monthly)
<b>Student Household Members</b>							
Example, Student (Manual Add)	F	1/1/1996	Wilmar Middle School	08		Foster	\$10.00 (Monthly)
Smith, John Anthony	M	01/01/1995	Wilmar Senior High	12			\$0.00
Smith, Susie Marie	F	04/01/2011					\$0.00

**Total Household Income: \$37,320.00 (Yearly)**  
**Total Household Size: 6**

**Previous** **Next**

Timeout: 59:17

## Step 12. Authorize Household Application

Now that all household information has been entered and confirmed as accurate, the household application must be authorized. Authorization is a four part process.

**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 Medicaid/SCHIP**

Because health insurance is so important to child(ren)'s well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced meals, UNLESS YOU TELL US NOT TO. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Meal Benefits Application does not automatically enroll your children in health insurance.

If you do not want your school district to share your information with Medicaid or SCHIP, please select 'No' below.

Allow my district to share my Meal Benefits Application information with Medicaid? ☐ Yes ☐ No

Allow my district to share my Meal Benefits Application information with SCHIP? ☐ Yes ☐ No

**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.

**Previous Decline Accept**

Timeout 59:43

The first step in the authorization process is to indicate whether you give your district permission to share your Medicaid or SCHIP information with Medicaid and SCHIP. Select the Yes or No radio buttons for each question shown in the image above.

**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**

**Previous Decline Accept**

Timeout 57:17

If your district has created benefit permissions, you will be asked whether you consent to the district sharing your child's name and meal eligibility with each benefit program. Select the **Yes** or **No** radio button for each question shown in the Sharing Information with Other Programs section.

**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

In order to verify stated household income, the last 4 digits of your Social Security Number must be entered. If you do not have a Social Security Number, mark the **I do not have a SSN** checkbox.

**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.

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**

I certify (promise) that all information on this application is true and that all income (if required) is reported. I understand that the school will receive Federal funds based on the information I provide. I understand that school officials may verify (check) the information. I understand that if I purposely provide false information, my children may lose benefits, and I may be prosecuted.

Timeout 55:31

Review the Authorization Statement. If you agree with this statement, believe all entered information is accurate and would like to complete the application process, select the **Accept** button.

If you do not agree with the application and Authorization Statement, select the **Decline** button. If the Decline button is selected, a message will appear warning you the application process will be cancelled and all application information entered will be deleted.

## Step 13. Electronically Sign the Household Application

Once you have reviewed the application and agreed to the Authorization Statement, you must review the Terms of Use.

**Meal Benefits Application**

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

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**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

**Submit** **Do not use E-Signature** **Forgot your PIN?**

Timeout 59:56

If you agree to the Terms of Use and would like to sign the document with you legally-binding E-Signature, **Enter your E-Signature PIN** and select **Submit**.

If you do not want to electronically sign the application, select the **Do not use E-Signature** button. This action will cancel the application due to the need for the application to have a legally-binding electronic signature in order to meet state and federal guidelines

If you forgot your PIN, click the **Forgot your PIN** button. You will be redirected to the Reset your PIN editor where you can reset your PIN.

**Meal Benefits Application**

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

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**Reset your PIN ?**

PIN

Re-enter PIN

Password

**Submit** **Cancel**

Timeout 59:20

## Step 14. Review and Print Submission Notice

The application has now been submitted to the district for processing.

Meal Benefits Application

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

Your Meal Benefits Application has been submitted. Please print this page for your records. This will include the information you provided on your application. A submission notice and final summary report has also been sent to your Portal Process Inbox. You may 'Quit' or safely close out of the application at this time.

0347 WILLMAR				Meal Benefits Application Report			
Name	Gender	DOB	School	Grade	Benefits	Student Indicator	Total Income
<b>Non-Student Household Members</b>							
Example, Parent	F						No Income
Smith, James John	F						\$1,500.00 (Twice a Month)
Smith, Jane Marie	F						\$100.00 (Monthly)
<b>Student Household Members</b>							
Example, Student	F	01/01/1996	Willmar Middle School	08		Foster	\$10.00 (Monthly)
Smith, John Anthony	M	01/01/1995	Willmar Senior High	12			No Income

Quit
Timeout 55:12

### Application Submission Notice

You may print and/or save the Confirmation Submission Notice and the Benefits Application Summary Report for your records. You may also access this information in your Inbox.

