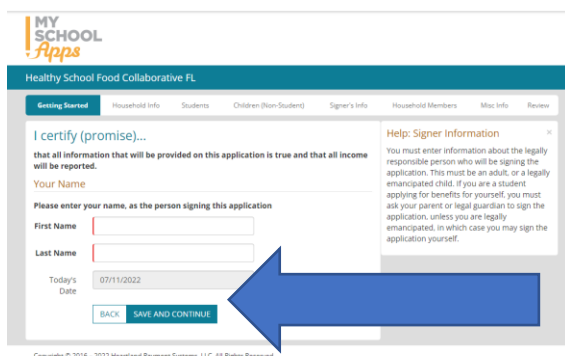


Steps to Complete Application

1. Enter name of person completing the application
2. Fill out information for Getting Started & Household Info
3. Add Student (This is where you put your child's information)
4. Add checkmark if your Household receives SNAP/FITAP/FDPIR Benefits on behalf of your child
5. Please enter any income before taxes or other deductions
6. If Done, click 'Done Adding Students' otherwise repeat previous steps (4-7)
7. Add Non-Students Children. Follow steps (4-7). If Done adding, continue steps
8. Enter name and SSN of person completing the application
9. Enter Household Information
10. Enter any income, before taxes or other deductions.
11. When done, click, 'Done Adding Household Members'
12. Fill out Miscellaneous Information form
13. Review Your Application. If any errors, please revise.
14. Sign & Submit Application

Steps to Complete Application (With visuals)



MY SCHOOL Apps
Healthy School Food Collaborative FL

Getting Started | Household Info | Students | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

I certify (promise)... that all information that will be provided on this application is true and that all income will be reported.

Your Name
Please enter your name, as the person signing this application

First Name

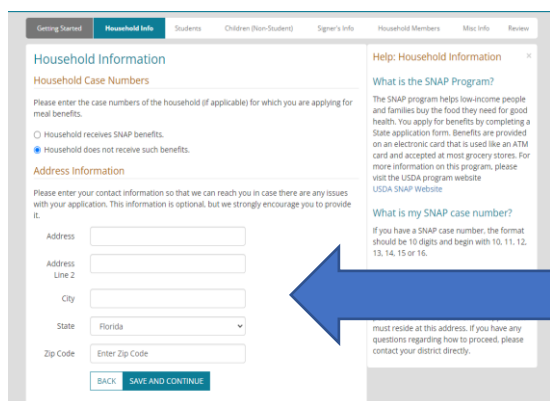
Last Name

Today's Date

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Help: Signer Information
You must enter information about the legally responsible person who will be signing the application. This must be an adult, or a legally emancipated child. If you are a student applying for benefits for yourself, you must ask your parent or legal guardian to sign the application, unless you are legally emancipated, in which case you may sign the application yourself.

1.



Getting Started | **Household Info** | Students | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

Household Information

Household Case Numbers
Please enter the case numbers of the household (if applicable) for which you are applying for meal benefits.

☐ Household receives SNAP benefits.
☒ Household does not receive such benefits.

Address Information
Please enter your contact information so that we can reach you in case there are any issues with your application. This information is optional, but we strongly encourage you to provide it.

Address

Address Line 2

City

State

Zip Code

Help: Household Information
What is the SNAP Program?
The SNAP program helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application form. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores. For more information on this program, please visit the USDA program website [USDA SNAP website](#).

What is my SNAP case number?
If you have a SNAP case number, the format should be 10 digits and begin with 10, 11, 12, 13, 14, 15 or 16.

must reside at this address. If you have any questions regarding how to proceed, please contact your district directly.

2.

The Healthy School Food Collaborative My School Apps Application One Pager

Getting Started | Household Info | **Students** | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

Student Information

Below are the students currently on the application. To 'add' or 'change' a student use the buttons and links below. You must enter at least one student on your application to proceed.

You must enter at least one student on your application. Please use the 'Add Student' button to get started.

[BACK](#) [ADD STUDENT](#)

Help: Students On Your Application

Below are the students currently on the application. To 'add' or 'change' a student use the buttons and links below. You must enter at least one student on your application to proceed.

Information you will need

- Student's name (Name, School, etc)
- Student's SNAP/FDPIR case numbers, if applicable
- Foster child status
- Income

Homeless, Migrant, Runaway, Headstart

If the student you are applying for is homeless, migrant, runaway, or participates in headstart you cannot apply online. Please contact Healthy School Food Collaborative FL for further instruction on how to apply for benefits.

Your Household Address

All students added to this application should reside at this address.

FL

2.

Healthy School Food Collaborative FL

Getting Started | Household Info | **Students** | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

Student Information: Add Student

Please enter the information for the student below. **Fields in bold are required.**

Add Student to Application

First Name

Middle Initial

Last Name

Suffix

Birthdate mm/dd/yyyy
e.g. 01/01/2011

Gender ☐ Male ☐ Female

Foster Child ☐ Yes ☒ No

Student Number

School (choose)

Grade (choose)

Ethnicity (Optional)

Help: Student Information

In order to properly match your application to our student records, please enter the requested information. If you enter incorrect information, your application may be delayed, rejected, or benefits may be awarded to the wrong student.

3.

Healthy School Food Collaborative FL

Getting Started | Household Info | **Students** | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

Studentname's SNAP/FITAP/FDPIR Benefits

If your household receives SNAP/FITAP/FDPIR on behalf of Studentname, he or she may be automatically eligible for school meal benefits

Benefits for Studentname

1 If Studentname receives both SNAP and FITAP or FDPIR benefits, please select SNAP.

☐ Studentname receives FITAP benefits.

☐ Studentname receives FDPIR benefits.

☒ Studentname does not receive such benefits.

[BACK](#) [SAVE AND CONTINUE](#)

Help: SNAP/FITAP/FDPIR

If your household receives SNAP/FITAP/FDPIR on behalf of Studentname, he or she may be automatically eligible for school meal benefits

1 If Studentname receives both SNAP and FITAP or FDPIR benefits, please select SNAP.

What is my FITAP case number?

If you have a FITAP case number, the format should be 10 digits and begin with 10, 11, 12, 13, 14, 15 or 16.

What is my FDPIR case number?

If you have an FDPIR case number, the format should be 10 digits and begin with 10, 11, 12, 13, 14, 15 or 16.

4.

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Healthy School Food Collaborative FL

Getting Started | Household Info | **Students** | Children (Non-Student) | Signer's Info | Household Members | Misc Info | Review

Studentname's Income

Please enter any income that Studentname receives, before taxes or other deductions.

There is currently no income listed for Studentname. If Studentname has any income, please click the 'Add Income' button. Otherwise click 'No Income' if Studentname does not have any income.

[BACK](#) [ADD INCOME](#) [NO INCOME](#)

Help: Student Income

You must enter any income received or earned and how often it is received.

1 There is currently no income listed for Studentname. If Studentname has any income, please click the 'Add Income' button. Otherwise click 'No Income' if Studentname does not have any income.

- Earnings From Work** The gross income this person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you.
- Public Assistance** Money received from public assistance, welfare, charitable organizations, or other social assistance.
- Pension / Retirement / IRA**

5.

Add Student Income

(choose)

(choose)

1 If you are unsure about an income type, just choose the closest match from the list or choose 'Miscellaneous / Other'. Categorizing an income incorrectly will not affect your eligibility for benefits.

[SAVE AND CONTINUE](#)

5.1.

Please enter any income that Luis receives, before taxes or other deductions.

[CHANGE](#) [REMOVE](#) **Earnings From Work**

\$2,000.00 Every 2 Weeks

1 If you are finished adding income for Luis, click the 'Done Entering Income' button. If you need to add additional income sources, click the 'Add Income' button.

[BACK](#) [ADD INCOME](#) [DONE ENTERING INCOME](#)

6.

The Healthy School Food Collaborative My School Apps Application One Pager

Getting Started | Household Info | **Students** | Children (Non-Student) | Signer's Info

Student Information

Below are the students currently on the application. To 'add' or 'change' a student use the buttons and links below. You must enter at least one student on your application to proceed.

Details	Special Circumstances	FITAP	Income
Birthdate: 07/06/2018 School: American Classical Charter Academy Gender: Not Specified Grade: Other	Foster Child: No	none	\$2,000.00 / 2wks

Details	Special Circumstances	FITAP	Income
Birthdate: 07/06/2018 School: American Classical Charter Academy Gender: Not Specified Grade: Other	Foster Child: No	none	None (No Income)

[EDIT](#) [REMOVE](#) [ADD STUDENT](#) [DONE ADDING STUDENTS](#)

7.

8.

Application Signer Information

Please enter your information, as the person who will be signing this application. This must be a responsible adult or a legally emancipated minor child. **Fields in bold are required.**

Your Name

Please enter your name, as the person signing this application

☒ I have not yet listed myself on this application

First Name
Last Name

Your SSN

Last 4 Of Your Social Security Number (SSN)

[BACK](#) [SAVE AND CONTINUE](#)

Household Information: Edit Household Member

Please enter the information for the household member below. **Fields in bold are required.**

First Name
 Middle Initial
Last Name
 Suffix

[BACK](#) [SAVE AND CONTINUE](#)

9.

10.

signer name's Income

Please enter any income that signer name receives, before taxes or other deductions.

There is currently no income listed for signer name. If signer name has any income, please click the 'Add Income' button. Otherwise click 'No Income' if signer name does not have any income.

[BACK](#) [ADD INCOME](#) [NO INCOME](#)

Non-Student Household Member Information

Below are the non-student household members currently on the application. To add or edit a person, use the buttons and links below.

signer name signer last name	Income
EDIT REMOVE	\$2,000.00 / wk

If you are finished adding household members to this application, click the 'Done Adding Household Members' button. If you need to add an additional household member, click the 'Add Household Member' button.

[BACK](#) [ADD HOUSEHOLD MEMBER](#) [DONE ADDING HOUSEHOLD MEMBERS](#)

11.

12.

Miscellaneous Information

Please enter the information requested below

Contact Information

Email Address
 Confirm Email Address
 Primary Phone
 Secondary Phone


Information Disclosure

Because health insurance is so important to children's well-being, the law allows your school district to tell Medicaid and SCHIP that your children are eligible for free or reduced price unless you tell them 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 Free and Reduced Price School Meals 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 information with the Medicaid program?
☒ Yes ☐ No

[BACK](#) [SAVE AND CONTINUE](#)

Sign & Submit My Application

 By checking this box, I certify (promise) that all information on this application is true and that all income for my household has been reported. I understand that the school district will get Federal funds based on the information I give. I understand that school officials may verify (check) the information on this application. I also understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Please take the time to review the [Privacy Act](#) and [Non-discrimination Statement](#)

- ☐ I, **signer name signer last name**, certify that **3 people** are in my household and that our household income is about **\$156,000.00** Annually.

To sign this application, type your
full name

(Note: According to the information you provided, you should sign this application as **signer name signer last name**.)

SUBMIT MY APPLICATION

