

6 Review Application continued

Review **Household Member(s) on Application** section. If need be, you can correct household member information.

Household Member(s) on Application				
NAME	INCOME TYPE	AMOUNT	Frequency	
Me, (Student)	None	--	--	
Me, Jen (Applicant)	Job / Employment	\$350.00	Weekly	

Caution indicates **unmatched** student. Click **Pencil** to **edit** student information. Click **Error** to **delete** student information.

Review **Applicant Information (Adult Household Member)** section.

Applicant Information (Adult Household Member)	
NAME	
Social Security Number	***-**-1234
Home Phone	1234567890
Work Phone	
Email	Me@comcast.net
Address	123 Anyway Lane, Anyway, PA 12345

Check **Optional Info** (You do not have to complete this part)

Optional Info	
(You do not have to complete this part to receive free or reduced priced meals.)	
<input type="checkbox"/> Ethnicity	-- SELECT --
<input type="checkbox"/> Asian	
<input type="checkbox"/> Racial Identity	<input type="checkbox"/> American Indian or Alaskan
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> White
<input type="checkbox"/> Other Benefits	<input type="checkbox"/> Information Sharing: The information you give on your Free and Reduced Price Meals Application shared with any other program. This is optional.

Check "No I **DO NOT** want information from my Free and Reduced Price Meals Application shared with any other program." This is optional.

No I **DO NOT** want information from my Free and Reduced Price Meals Application shared with

Click **Next** to display the **7 Certify and Submit** page.

7 Certify and Submit

Check "I (your name) am the person submitting this application."

I am the person submitting this application.

Enter your **password/PIN #** and click **Verify** to electronically sign your application.

I am the person submitting this application.
Please enter your password/PIN # to verify

Click **Submit My Application** to complete the application process.

I (Gen Delete Me), am the person submitting this application.
Please enter your password/PIN # to verify

Your application was successfully verified and signed!

Electronically signed by: Jen Delete Me
Electronically signed from: IP Address 98.235.128.207 on 10/18/2014 3:48:56 PM

To finish the application process, you must click "Submit My Application".

8 Confirmation

Write down and save guard your application number.

You have successfully completed your online application!
Your application number is 566.
You will receive a letter informing you of the results of your application.

You will receive a letter informing you of the results of your application. Follow the instructions below.

I'm finished. I would like to logout.

I have more students who need to apply - start another application.

State of Pennsylvania -- Meals and/or Special Milk Program Family Application 2014 - 2015
PART 1 -- Names of ALL children applying for School Meals and/or Milk

Student ID	Last Name	First Name	MI	Date of Birth	SEX	Race	School Code
12345				5/3/2007	01	0001	

The application shown above is a partial view.

Sign In

You must enter your **Username** and **Password** and the **red** characters you see in the image below. Click **Login** to complete your application as necessary.

Sign In

Username

Password

Try a different image

Enter the characters you see in the image above:

Letters are not case sensitive.

Received Letter

You must enter your **Student ID**, **PIN#**, select your **School District** and the **red** characters you see in the image below. Click **Login** to complete your application as necessary.

Sign In

Student ID

PIN #

School District -- SELECT --

Try a different image

Enter the characters you see in the image above:

Letters are not case sensitive.

CONTACT INFORMATION

For additional information, contact the food service director at your school.



Student Eligibility System

FREE & REDUCED MEALS

Making it faster and easier for families to apply for free or reduced priced meals.

Select an option to get started

- If you need to create a new account, click the Register tab.
- If you already have an account, click the Sign in tab.
- If you received a letter with a custom PIN #, click the Received Letter tab.

Register

Sign In

Received Letter

Free and Reduced Meals Online Application Quick Reference Guide

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Access

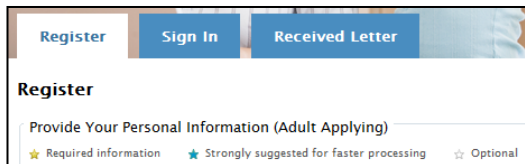
To access the **Online Application**, go to <https://www.paschoolmeals.com> to display application page.

Select language if not **English**.

Click **Register** to create an account.

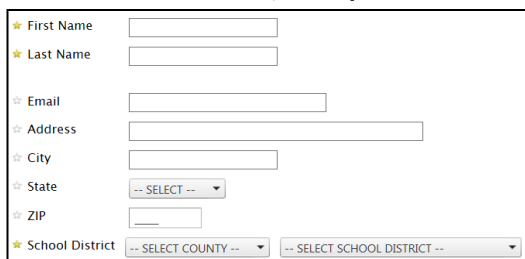
Click **Sign In** if you have already created an account.

Click **Received Letter** if you received a letter from school with a custom **PIN#**.



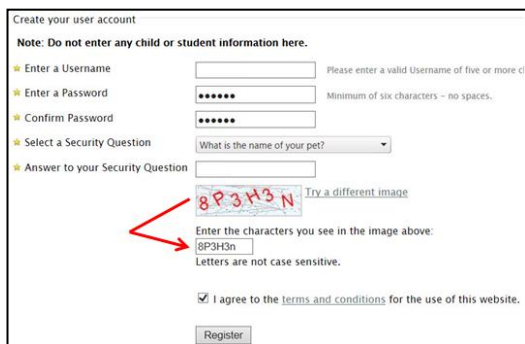
Register

You must enter your **First Name**, **Last Name**, and select **School District** information; **County** and **School District**.



You must enter a **Username**, **Password**; **Confirm Password**, and **Select** and **Answer** a **Security Question**, and enter the **red** characters you see in the image below.

Check the **I agree to** box.



Click **Register** to display **1 Household Letter** page.

1 Household Letter

The **Adobe Acrobat Reader** is required to view PDF documents. The **Reader** is a free, go to <http://adobe-reader.downloadape.org> to download reader.

Click **Start Application** to display **2 Students** page.

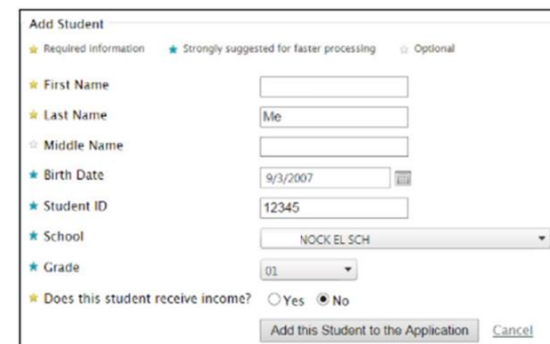
2 Students

You must enter total number of students, including foster children, you are applying for and how many of them are foster children. If none, enter zero (0).



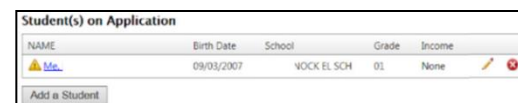
At each page, click **Previous** to go back to previous page or click **Next** to display **Students** page.

Click **Add a Student**. Complete all required and suggested information for each student.



If you select **Yes**, you must indicate **Income Type**, **Amount** and **Frequency**

Click **Add this Student to the Application**. The student information will be added and it will appear in a table.

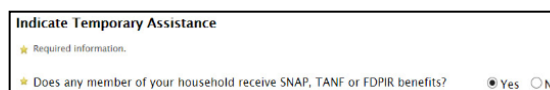


Caution  indicates **unmatched** student. Click **Pencil**  to **edit** student information. Click **Error**  to **delete** student information.

To add another student, click **Add a Student**, or to continue, click **Next** to display **3 Temporary Assistance** page.

3 Temporary Assistance

Select **Yes** or **No** if any member of your household receives **SNAP**, **TANF** or **FDPIR** benefits.



If you select **Yes**, you must select the type of **Benefits Received**, **Case Number**, and **First** and **Last** Names.



If the child you are applying for is head start, homeless, migrant or runaway, please call the **Homeless Liaison Office** to see if you qualify for free meals.

Click **Next** to display **4 Household Members**.

4 Household Members

List all household members (**DO NOT** list students who were added in **Section 2 - Students**).

Add Household Member:

Enter their **First Name**, **Last Name**, and **Middle Name** (optional), and select **Yes** or **No** if this household member receives income.

If you select **Yes**, you must indicate **Income Type**, **Amount** and **Frequency**.



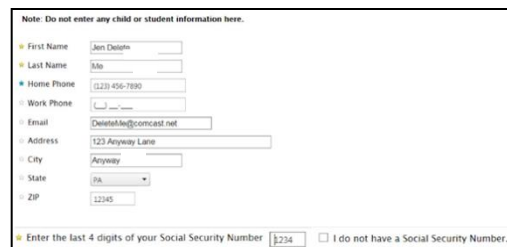
To add another member, click **Add Household Member to Application**.



Click **Next** to display **5 Application Information** page.

5 Applicant Information

Verify the required and suggested information if you are the adult household member completing this application.



Enter the last 4 digits of your **Social Security Number** in the box provided. If you do not have a **Social Security Number**, check **"I do not have ..."** box.

Click **Next** to display **6 Review Application** page.

6 Review Application

Review **Student(s) on Application** section.



Review **Temporary Assistance** section.

