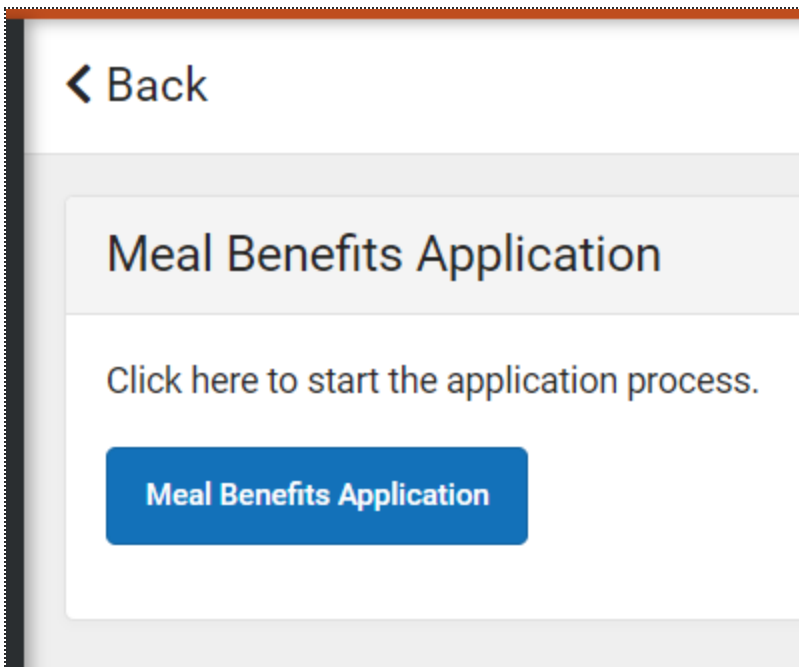
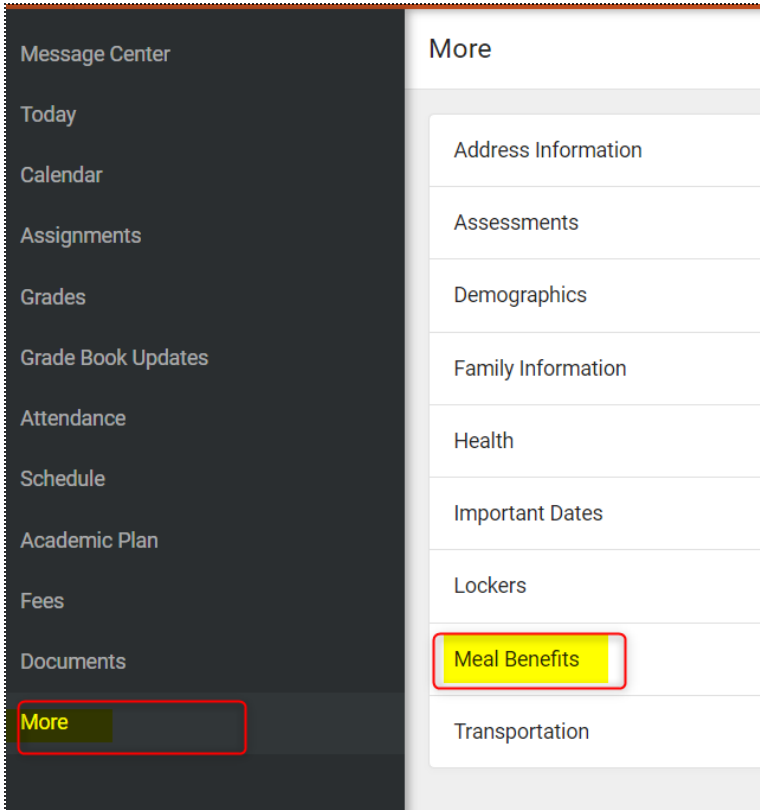


How to get to the application through IC:*Campus Parent: More > Meal Benefits Application*

In order to complete the Meal Benefits Application, the application signer must complete the following steps:

Step 1. Log into Campus Parent & Click on the link to begin the application	2
Step 2. Review the Letter to Household	2
Step 3. Review Application Instructions	4
Step 4. Review and Confirm Signer	4
Step 5. Confirm Household Members	6
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Step 12. Authorize Household Application	15
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Step 1. Log into Campus Parent & Click on the link to begin the application



Step 2. Review the Letter to Household

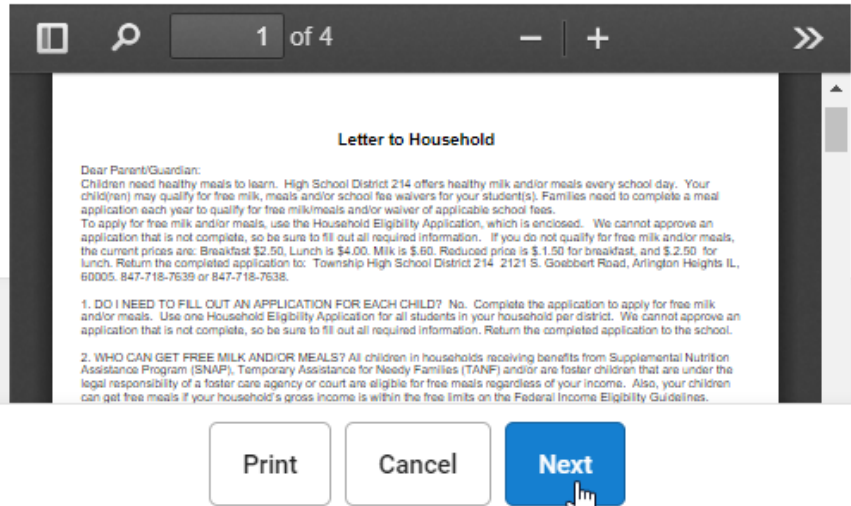
The application signer must review the Letter to Household prior to beginning the application process. This letter contains important information and guidance about the online Meal Benefits Application.

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

Meal Benefits Application

Letter to Household (Step 1 of 12)

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.



Letter to Household

Dear Parent/Guardian:
Children need healthy meals to learn. High School District 214 offers healthy milk and/or meals every school day. Your child(ren) may qualify for free milk, meals and/or school fee waivers for your student(s). Families need to complete a meal application each year to qualify for free milk/meals and/or waiver of applicable school fees.
To apply for free milk and/or meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. If you do not qualify for free milk and/or meals, the current prices are: Breakfast \$2.50, Lunch is \$4.00. Milk is \$.60. Reduced price is \$1.50 for breakfast, and \$2.50 for lunch. Return the completed application to: Township High School District 214 2121 S. Goebbert Road, Arlington Heights IL, 60005. 847-718-7639 or 847-718-7638.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free milk and/or meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.

2. WHO CAN GET FREE MILK AND/OR MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

Print **Cancel** **Next**

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.

Meal Benefits Application

Instructions (Step 2 of 12)

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.

How To Apply For District 214 Meal / Fee Waivers

You are submitting a milk/meal/fee waiver application for the 2022-2023 School Year. Application Instructions will help guide you through the application process.

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.

An electronic signature is required to submit your online Meal Benefits Application. The name of the person completing this application will be used as your E-signature.

For security purposes the Campus Portal is set to automatically log users out after a set amount of time due to inactivity. To assist in preventing an automatic log out due to inactivity, there is a timer located in the bottom right corner of each screen. As you navigate to each screen, the timer will start to count down and alert you when there is five minutes remaining. If you are logged out due to inactivity prior to reaching the final "Submitted" step, the information will not be saved and you will have to restart the online application process.

Signer Confirmation

Print **Previous** **Cancel** **Next**

Step 4. Review and Confirm Signer

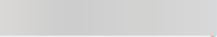
Once both the Letter to Household and Application Instructions have been reviewed, the person completing the online application must confirm their identity as the application signer. If the identity information is correct, select the **Next** button.

NOTE: A PARENT OR GUARDIAN MUST SIGN THE APPLICATION. APPLICATIONS SIGNED BY A STUDENT WILL NOT BE PROCESSED. PARENTS MUST BE LOGGED IN ORDER TO SEE THEIR NAME AS THE APPLICATION SIGNER.

Meal Benefits Application

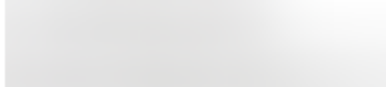
Signer Confirmation (Step 3 of 12)

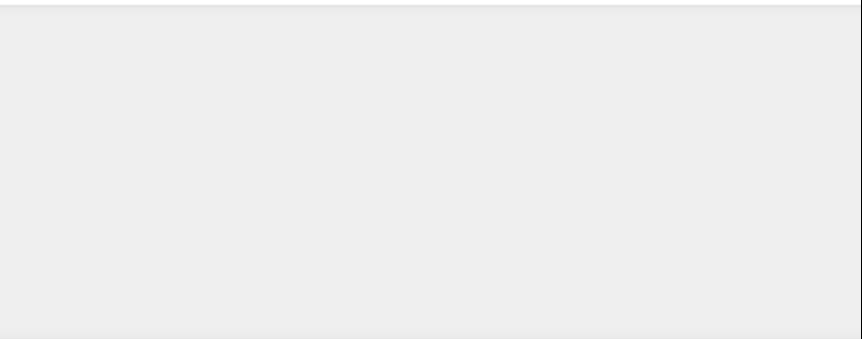
Please review the application signer's name and household address below. The signer's name will be used as the electronic signature (E-signature) for the online application. Confirm you are the person signing this online application by selecting 'Next'. Select 'Quit' if you are not this person or if you do not wish to continue.

 you have been identified as the household member signing this Meal Benefits Application.

You are applying for meal / fee waiver 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:





Previous

Cancel

Next

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.

Meal Benefits Application

Household Members (Step 4 of 12)

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.

The screenshot displays the 'Household Members' section of the application. At the top, a 'SIGNER' button is visible. Below it, a list of household members is shown. The first member has a greyed-out name box and the text 'Gender: F'. Below this, there is a blue button with a checked checkbox and the text 'Household Member'. The second member has a greyed-out name box and the text 'Gender: M'. Below this, there is a greyed-out button with an unchecked checkbox and the text 'Household Member'. A mouse cursor is pointing at this unchecked checkbox. At the bottom of the form, there are three buttons: 'Previous', 'Cancel', and 'Next'.

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

1. Click the **Add Household Member** button.
2. Select member type; Select whether the person is a Student or Non-Student
 - a. A Student is a household member who will be enrolled in District 214 during the school year.**
 - b. A Non-Student is any household member who will not be enrolled in the District 214 during the school year.**
3. Enter information about the household member in all required fields and select the Update button
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, click Delete

Add Student/Non-Student Member

Select the type of person you are adding to your household, either student or non-student. A student is a person who will be enrolled in the school district during the school year. A non-student 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.

Member Type*

☐ Student currently enrolled in TOWNSHIP HIGH SCHOOL DIST 214

☐ Non Student

Last Name *

First Name *

Middle Name

Suffix

Gender

Update **Cancel**

New, Member **MANUAL ADD**

Gender: F

☒ **Household Member** **Delete**

Add Household Member

The School and Grade (and Student Number, if known) fields are important for application processing as the FRAM Processor uses these fields to better identify and match this student to records within Campus.

Gender: F

John Hersey High School (11)

☒ Household Member

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.

If a household member(s):

Do NOT receive benefits then click **No**. You will be directed to complete Step 8.

DO receive SNAP, TANF or FDPIR benefits click **Yes**. Enter the benefit case number then click **Next**

Meal Benefits Application

Meal Benefits (Step 5 of 12)

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

Select One *

☐ No

☒ Yes

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

Case Number *

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. **Children are those members age 18 or under AND are supported with the household's income.*

Indicate the D214 student(s). Mark the box Student for those attending District 214.

Meal Benefits Application

☐ Child ☐ Student

Gender: F

John Hersey High School (11)

☒ Child ☒ Student

☐ Child ☐ Student

New, Member

Gender: F

☒ Child ☐ Student

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.

Meal Benefits Application

Foster (Step 7 of 12)

Are any of these students foster children?

Select One *

☐ No

☐ Yes

If a household member:

IS a foster child then click **Yes**. Mark the checkbox next to the name of each student household member that is a foster child, enter their **Monthly Income**, and select the **Next** button.

Is **NOT** a foster child then click **No** and go to step 10.

Meal Benefits Application

Foster (Step 7 of 12)

Are any of these students foster children?

Select One *

☐ No

☒ Yes

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.

John Hersey High School (11)

☒ Foster

Monthly Income

0

New Member

Previous Cancel Next

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:

- **IS** a Migrant, Homeless, Runaway, or Head Start child then click **Yes**. Select one of the following options from the Student Indicator dropdown for the appropriate student(s) then click **Next**:

Homeless, Runaway, Head Start, Migrant.

Meal Benefits Application

Student Indicators (Step 8 of 12)

Are any of these students Migrant, Homeless or Runaway?

Select One *

☐ No

☒ Yes

Migrant, Head Start, Homeless and Runaway Children must be confirmed by selecting the Student Indicator in the drop list. After you have identified Migrant, Head Start, Homeless and Runaway children select 'Next' to continue.

Gender: F

John Hersey High School (11)

Student Indicator

Migrant

Homeless

Runaway

Previous Cancel Next

- is **NOT** a Migrant, Homeless, Runaway, or Head Start child then click **No** and go to step 11.

Step 10. Enter Household Gross Income

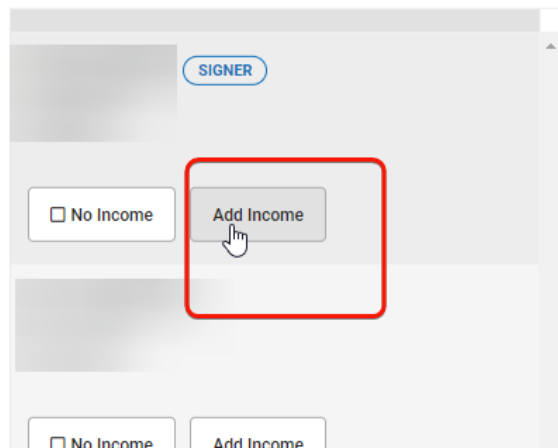
Now that household members have been identified, income must be entered for each member.

If you want to enter income information then indicate each household member's income by selecting the **Add Income** button and entering their income amount.

Meal Benefits Application

information may help with the district verification process. For each Adult Household Member, report the total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report. If an adult has no income, please check the box No income.

Adult Household Members



SIGNER

☐ No Income

☐ No Income

Add Income

Income for

If a Benefit or Student indicator is selected for any student, income information is not required. Providing your income information may help with the district verification process. For each Adult Household Member, report the total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report. If an adult has no income, please check the box No income.

☒ **Income from Work**

Amount *

0

Frequency *

- ☒ Weekly
☐ Every Two Weeks
☐ Twice a Month
☐ Monthly
☐ Yearly

☐ **Welfare, Child Support, Alimony**

Update

Cancel

Clear All

OR mark the **No Income** checkbox for each household member that has no income.

Meal Benefits Application

information may help with the district verification process. For each Adult Household Member, report the total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report. If an adult has no income, please check the box No income.

Adult Household Members

The screenshot shows the 'Adult Household Members' section of the application. It includes a 'SIGNER' field, a 'Total Income' field with a '(Weekly)' label, and two buttons: 'No Income' (checked) and 'Edit Income'. Below this is a 'Gender' field with 'M' selected, and another 'No Income' button (checked) and 'Add Income' button. A red box highlights the 'No Income' checkbox.

Once all household member income is entered, click **Next**.

If you have no income to report, check the box for "No Income" for each household member, then click **Next**.

*If you checked the box "No Income", **you are certifying that you have no income to report**. Your application will be processed as No Income and be approved for free benefits.*

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

Review (Step 10 of 12)

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.

Benefits

Case Number: None

Adult Household Members

SIGNER

Invalid date
Gender: F

Total Income: (Weekly)

Gender: M

Total Income: \$0.00 (Yearly)

Previous

Cancel

Next

Step 12. Authorize Household Application

Now that all household information has been entered and confirmed as accurate, the household application must be authorized.

You must provide Social Security information. Enter the last four digits of your SSN or mark the "I do not have an SSN" box.

Ethnicity and Race: This section is optional and informational only. Responding to this section does not affect your children's eligibility for free or reduced-price meals.

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 canceled and all application information entered will be deleted.

Meal Benefits Application

Authorization (Step 11 of 12)

You must respond to and read the authorization statement below. By selecting 'Accept' you agree to the authorization statement.

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.

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.

One option is required. *

SSN

###-##-####

☐ I do not have a SSN

Ethnicity (check one)

☐ Hispanic or Latino

Meal Benefits Application

Ethnicity (check one)

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☒ No Response

Race (check one or more)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

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. By submitting this application you authorize District 214 to use the signer's name as the electronic signature for the online application.

I Agree *

☐ No

☐ Yes

Previous Cancel Submit

Previous Cancel Submit

Step 13. Review and Print Submission Notice

The application has now been submitted to the district for processing

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.

Meal Benefits Application

Submitted (Step 12 of 12)

Your 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.

1 of 2

– + >>

Thank you for submitting your Milk/Meal Benefits Application

Your Reference # is: 14129

You will need this number if you have any questions about your Meal Benefits Application.

Application review may take up to 10 business days. Please do not submit another application until you are notified of the outcome of your application status.

UNTIL YOUR APPLICATION IS PROCESSED, YOU ARE REQUIRED TO PAY FOR MEALS.

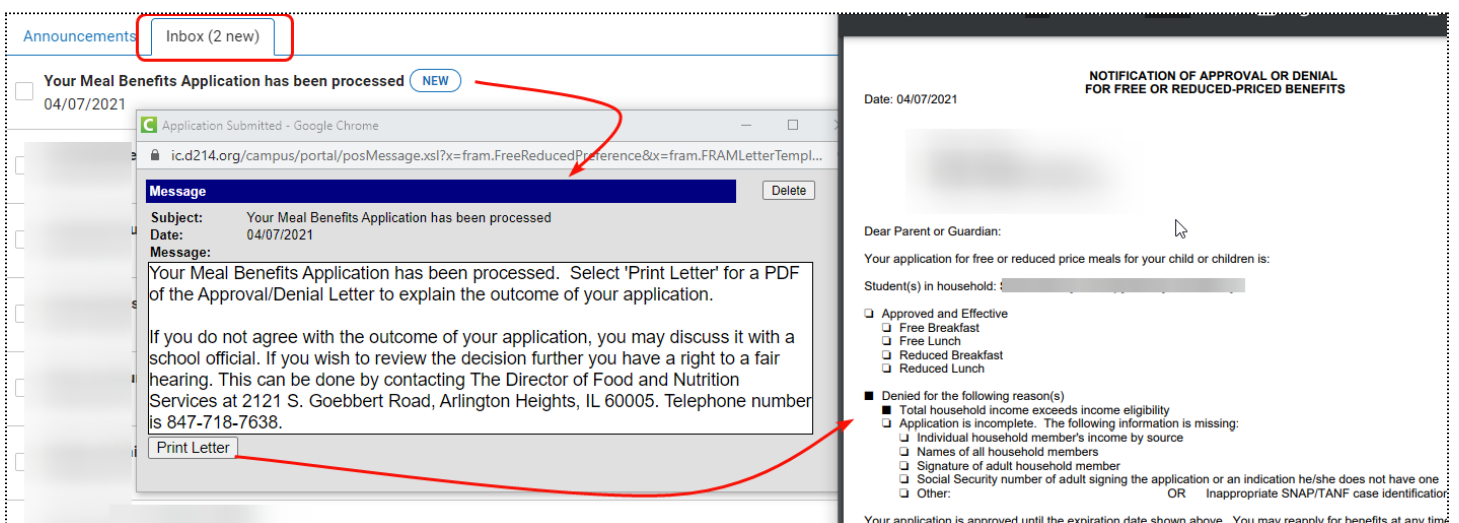
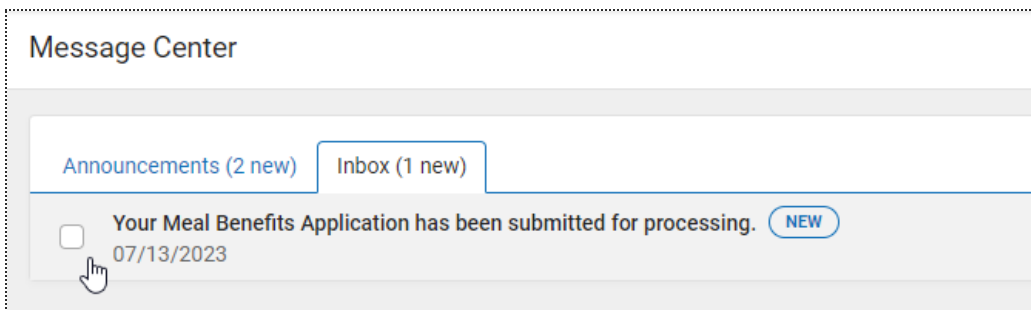
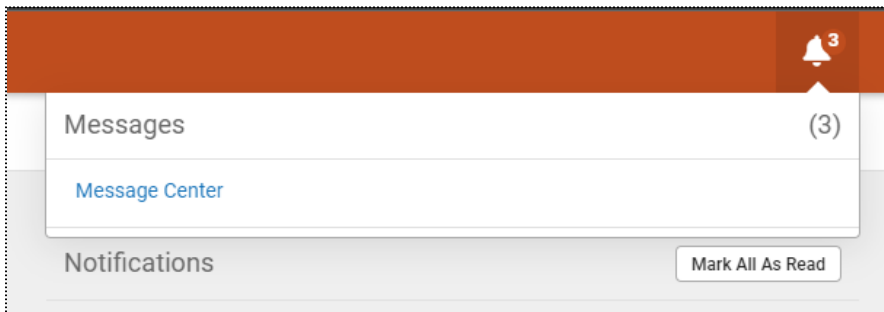
If you have any further questions, please contact Christine Frole, Director of Food and Nutrition Services.

Print

Close

Your Inbox will contain a message indicating the submission of the Meal Benefits Application. Select the link to review the Confirmation Submission Notice and the Application Summary Report. The FRAM Processor(s) will also receive an Inbox notice indicating your application was submitted.

After the FRAM Processor has processed the application, you will receive an Inbox message indicating the application was processed. If your district has enabled the Include Approval/Denial Letter FRAM Preference, you will receive an Inbox message containing a PDF copy of your Approval/Denial Letter which indicates whether the application was approved or denied.



The Food and Nutrition Services Department welcomes questions, comments, and suggestions so don't hesitate to reach out!

Christine Frole, R.D., SNS, Director of Food and Nutrition Services
christine.frole@d214.org | (847) 718-7638

Rev. July 2023