

1. Meal Benefits Application

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

Letter attached.

2. Meal Benefits Application

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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.

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How To Apply For Free And Reduced Priced Student Meals

You are submitting an application for the [insert school year] 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.

Letter attached.

3. Meal Benefits Application

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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.

Cruz, Melvin 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:
590 Amboy Avenue #2nd Floor
Perth Amboy, NJ 08861

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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"/> Cruz , Melvin L (Signer) | M | ■■■■■■■■■■ | | |
| <input type="checkbox"/> Cruz , Melany Lee | F | ■■■■■■■■■■ | Edward J. Patten Elementary School | 01 |
| <input type="checkbox"/> Diaz , Bethany | F | ■■■■■■■■■■ | | |

Meal Benefits ✕

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

No

Yes

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Child Members of the household must be confirmed by selecting the check box next to their name. Children are those members age 18 or under AND are supported with the household's income. After you have identified each child member, select 'Next'.

| Name | Gender | DOB | School | Grade |
|---|--------|------------|------------------------------------|-------|
| <input type="checkbox"/> Cruz , Melvin L (Signer) | M | ■■■■■■■■■■ | | |
| <input checked="" type="checkbox"/> Cruz , Melany Lee | F | ■■■■■■■■■■ | Edward J. Patten Elementary School | 01 |
| <input type="checkbox"/> Diaz , Bethany | F | ■■■■■■■■■■ | | |

Foster Children ✕

Are any of the students foster children?

No

Yes

Migrant, Homeless, Runaway, and Head Start Children

Are any of the students Migrant, Homeless, Runaway or Head Start?

No
Yes

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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' 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 |
|--------------------------|--------|------------|--------------------------|------------|-------------------|--------------|
| Adult Household Members | | | | | | |
| Cruz , Melvin L (Signer) | M | ■■■■■■■■■■ | <input type="checkbox"/> | Add Income | | |
| Diaz , Bethany | F | ■■■■■■■■■■ | <input type="checkbox"/> | Add Income | | |
| Child Household Members | | | | | | |
| Cruz , Melany Lee | F | ■■■■■■■■■■ | <input type="checkbox"/> | Add Income | | |

Add Income

Income for Cruz , Melvin L

| Income Type | Amount | Frequency |
|---|--------|-----------------|
| Earnings from Work | 300 | Weekly |
| Welfare, Child Support, Alimony | | Every Two Weeks |
| Pensions, Retirement, Social Security, SSI, VA Benefits | | Twice a Month |
| All Other Income | | Monthly |
| | | Yearly |

Cancel
Save
Clear All

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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 |
|--------------------------|--------|------------|------------------------------------|-------|----------|-------------------|-------------------|
| Adult Household Members | | | | | | | |
| Cruz , Melvin L (Signer) | M | ■■■■■■■■■■ | | | | | \$300.00 (Weekly) |
| Diaz , Bethany | F | ■■■■■■■■■■ | | | | | \$0.00 |
| Child Household Members | | | | | | | |
| Cruz , Melany Lee | F | ■■■■■■■■■■ | Edward J. Patten Elementary School | 01 | | | \$0.00 |

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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.

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

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.

Previous

Decline

Accept

Timeout
58:52

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Apply E-Signature**Terms of Use**

The **Perth Amboy Public Schools** 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.

Enter your E-Signature PIN

Submit

Do not use E-Signature

Forgot your PIN?