

# Submit Your Child's Lunch Application



## **Lunch Applications must be completed in the RealTime Parent Portal**

- First, log into the Parent Portal using your YOUNGEST child's log in
- Reset your password if necessary
- Link your children's accounts
- Create a new password for each student you link
- Log into your youngest child's profile to view your household

## **Once You're In...**

- Click on 'Meal Application'
- Complete ONE (1) application per household for all students
- Be sure to answer all questions, and check all applicable boxes
- Click on 'Save Application & Submit to District' to complete application

## MENU

- Homepage
- Grades
- Daily Attendance
- Gradebook
- Correspondence
- Documents
- Schedule
- Period Attendance
- Contacts
- Health Insurance
- Honor Roll
- Parent Questions
- Transportation
- Surveys
- Meal Application**
- District Info
- Online Payments
- Teacher Conferences

Carteret Student

Grade: 6

Student ID: 555442211

HR Teacher:

Attendance:

Portal User has not completed Requirements.



Click here to  
begin Lunch  
Application

## MEAL APPLICATION

2022-2023

Haga clic aquí [para la versión en español de la aplicación de comida](#)

Application Date: 08/07/2023    Original Date: 08/07/2023    Last Updated: 08/07/2023

STEP 1 - List ALL Household Members who are infants, children, and students up to and including grade 12

ID	Name	Grade	Lunch Status	School	Foster Child	Migrant Worker, Homeless, Runaway
555442211	Carteret Student	6	Paid	Carteret Middle School	<input type="checkbox"/>	<input type="checkbox"/>

Add In District Student

### Non Students

First Name	Middle Name	Last Name	Foster Child	Migrant Worker, Homeless, Runaway	Remove
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Add a Non Student/Out of District Student

## STEP 2 - SNAP, TANF, FDIPIR

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4.

☐ Yes ☐ No

Name:

Case number:

## STEP 3 - Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**Part A: Child Income** - Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Name	Work Earnings	How Often?	Annually
Child Income	\$ <input type="text"/>	No Income <input type="button" value="v"/>	\$0

**Part B: All Adult Household Members (including yourself)** - List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, 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 (promising) that there is no income to report.

Name	Work Earnings	How Often	Child Support, Welfare	How Often	SS, Pensions, Retirement	How Often	All Other Income	How Often	Annually
<input type="text"/>	\$ <input type="text"/>	No <input type="button" value="v"/>	\$ <input type="text"/>	No <input type="button" value="v"/>	\$ <input type="text"/>	No <input type="button" value="v"/>	\$ <input type="text"/>	No <input type="button" value="v"/>	
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Household Size: 1

Total Household Income Annually:

\$0

Income Eligibility is calculated off of Annual Income only when income is reported with different frequencies.

**STEP 4 - Contact information and adult signature. Mail Completed Form To:**[Click Here](#) to use 555442211 Carteret Student's Contact Information[Clear Contact Information](#)

Name:  Phone:  Social Security#: XXX-XX-

Address:  ☐ Does not have a Social Security #

Address Line 2:

City:  State:  Zip:

Email:

**INSTRUCTIONS - Sources of Income**

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	<b>If you are in the U.S. Military:</b>	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Cash assistance from State or local government	- Annuities
- Income from person outside the household	- A child receives regular income from a private pension fund, annuity, or trust	- Allowances for off-base housing, food and clothing	- Alimony payments	- Investment income
- Income from any other source			- Child support payments	- Earned interest
			- Veteran's benefits	- Rental income
			- Strike benefits	- Regular cash payments from outside household

**OPTIONAL - Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

**Choose one ethnicity:****Choose one or more (regardless of ethnicity):**☐ Hispanic/Latino ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American☐ Not Hispanic/Latino ☐ White ☐ Native Hawaiian or other Pacific islander

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)



## Privacy Act Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

## Non-discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

### mail civil rights complaints only to:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**\* Do not mail applications to this address, only complaints of discrimination**

**fax:** (833) 256-1665 or (202) 690-7442; or  
**email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## Sharing Information with Other Programs

- ☐ Yes, I do want information for my Free and Reduced Price School Meal Application shared with Medicaid or the State Children's Health Insurance Program (NJ Family Care)
- ☐ No, I do NOT want my information shared.

## Terms of Service

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

☐ I agree to the Terms of Service

Be sure to check box

Date: 8/7/2023

Save Application

Save Application and Submit to District

Cancel

I Do NOT Wish to Apply

Click here to Submit