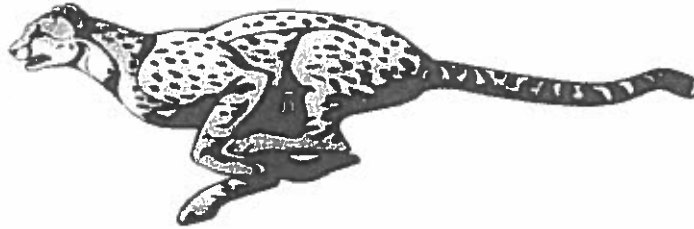


2020-2021 Free and Reduced Price Meal Applications Go Online for Faster Results

Starting July 15, 2020 online applications will be available at ezmealapp.com

Please do not submit a paper application if an online application is submitted.



Helpful tips for applying online:

1. Type **hawaii** in Search for District, then "DOE – Honolulu, Central,..." will pop up. Just click on it.
2. Step 1: Application Information – Entering phone number and email is highly recommended in case we need to contact you. For Benefit Type, if you are applying with SNAP or TANF, please refer #7 below. If you are not, just leave it as None and go to Next.
 - ❖ If email address is entered for Application Information, a notification letter of the result will be sent **by email**. (We recommend you to check your junk / spam mail tray also once you apply.)
3. Step 2: Child Household Members (up to grade12):
 - Student must be enrolled in a DOE school (excludes charter schools) for an application to be processed.
 - Enter the student legal names. Entering birthdates is recommended to help the system to match.
 - For non-DOE (charter or private) students and baby/infant, click "No" for Student. College students should be added to Adult Household Members (Step 4)
4. Step 3: Child Income
If applicable, enter the total income of all Child Household. If child has no income, do not enter anything and click on Next.
5. Step 4: Adult Household Members:
For each adult with income, enter: a. Gross earnings (before taxes or deductions), and
b. how often the amount entered is received.
For adult without income, just click on Save after entering First Name, (middle initial) and Last Name.
6. Step 5: Electronic Signature Select your name from the drop-down and type your name in Signature box.
7. If applying with SNAP or TANF case number:
 - a. Select SNAP or TANF in STEP 1: Application Information, under Benefit Type, and enter valid case number.
 - b. After listing the student(s) in STEP 2: Child Household Members, the application will skip to Step 5: Electronic Signature. Adult must sign.
8. A confirmation number appears when the application is submitted. Write down this number for future reference.
9. Once the application is processed (up to 10 working days), the notification letter will be sent home either by email (if email was provided when you applied) or school.

ezSchoolPay is also available! Go to ezschoolpay.com or install an app.

With ezSchoolPay, you can:

- Make online payments,
There is a minimal fee when making online payments
- Monitor account balances (set low balance alerts), and
- Monitor student's buying history

There is no cost to set up and monitor student's account.

This institution is an equal opportunity provider.

2020-2021 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Application # _____

School Date Stamp/School Code _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper.)

A. Child's Legal Name (First, Middle Initial, Last)	B. Birthdate (MM/DD/YYYY)	C. DOE Student? Yes No	D. Grade	E. Name of the School	F. Check if Foster Child	G. Migrant, Homeless, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANIF? Check one: NO YES

If you answered **NO** > Complete STEPS 3 and 4. **Case Number:** _____
 If you answered **YES** > Write a case number here then go to STEP 4 to complete. Write only one case number in this space

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL combined gross income received by all the children in the household. (Household Members listed in STEP 1 above).
 Child Income \$ _____
 How Often? Weekly Bi-Weekly 2x Monthly Monthly

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 with income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0' or leave fields blank. By leaving the field blank you are certifying that there is no income to report.

Names of Adult Household Members (First and Last)	C. Earnings from Work		D. Public Assistance/Child Support/Alimony		E. Pensions/Retirement/All Other Income		F. Total Household Members (Children and Adults)	
	Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly	2x Monthly	Monthly
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G. Last Four digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: Check if no SSN

STEP 4 Adult signature and contact information

* I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

X _____
 Signature of adult completing this form

_____ Suite/Apt# _____ Daytime Phone _____
 Street Address (if available)

_____ City _____ State _____ Zip Code _____
 Printed name of adult completing this form

_____ Today's Date _____
 Email (optional)

Return application to your child's school or mail directly to: School Food Services Branch, 1106 Koko Head Avenue, Honolulu, HI 96816