



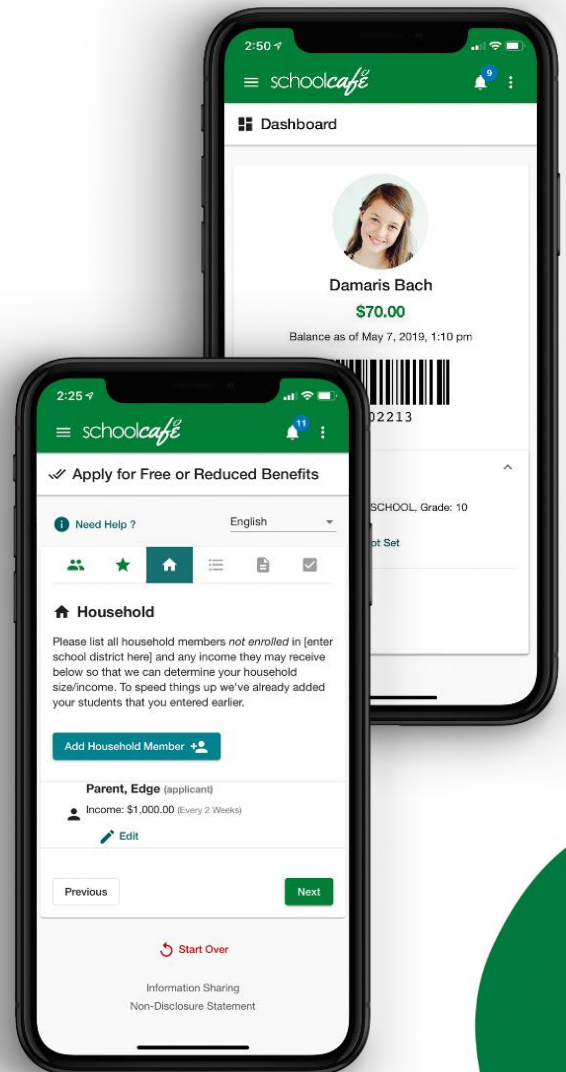
# One app for your entire cafeteria.

## APPLY FOR FREE & REDUCED MEALS

Applying for free and reduced meal benefits has never been easier. Apply, submit, and track your application status from start to finish.

## MANAGE BALANCES

Make payments, view purchase history, and receive low balance alerts. For convenience, setup automatic payments to replenish their cafeteria funds.



<https://www.schoolcafe.com/ELKCOUNTYCATHOLICSCHOOLSYSTEM>

**Look for additional information in your email!**

Get It Now



Download on the  
**App Store**



GET IT ON  
**Google Play**

[www.schoolcafe.com](https://www.schoolcafe.com)

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# schoolcafé

## QUICK CARD






**Contact Info:** (Note: For security purposes, you may be asked to verify your contact info, including your security answer, when you request help.)

**Phone:** 855.PAY-2-EAT - (855) 729-2328

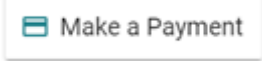




**Email:** [customer@schoolcafe.com](mailto:customer@schoolcafe.com)

**Website:** <https://www.schoolcafe.com>



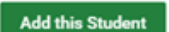
### REGISTRATION

1. Select 
2. Select *I'm a Parent* and select 
3. Enter your name and contact information, and then select 
4. Create a username and password you will easily remember, and confirm the password
5. Set up a security question and answer (in case you do forget your login credentials) and select 
6. Read and accept the Terms & Conditions, and then select 

### MAKE A PAYMENT




1. At the top of your Dashboard, select 
2. Enter payment dollar amounts for each student as desired and select 
3. (Optional) If your district allows for purchasing of other types of school items (yearbooks, fees, etc.), you will see a  button, where you can enter payment amounts for those items as well. If the district does not accept those kinds of payments through SchoolCafé, this button will not be visible.
4. On the Checkout screen, confirm the total and select an existing payment method, or choose  to add a new card.
  - a. When adding a new card, you can enter your card's details and either save the card (even making it your default payment card) or simply use it for a one-time payment.
5. When you have confirmed all details, select  to complete the payment. Funds are typically available at the child(ren)'s school(s) within 20 minutes.

### ADD STUDENT(S)



1. At the top of your Dashboard, select 
2. Enter your student's information as requested
3. Select 
4. Verify the student found is accurate and select 



## SET UP AUTOMATIC PAYMENTS

1. From your Dashboard, locate an individual student on your account and select the blue text next to 'Automatic Payment' (the text will say either 'Not Set' or 'Set for ...')  Automatic Payment: **Not Set**
2. In the first field, enter a Payment Amount. This amount will be paid automatically.
3. In the next field, enter a balance threshold. This tells SchoolCafé how low the student's balance must be before the payment will be made.
4. Select a payment source or select  [Add a Card](#) to add a new card.
5. In the last field, confirm the date that the Automatic Payment will expire. (Note: this date should be before your payment source expires, if possible!)
6. Select 

## SET UP LOW BALANCE ALERTS

1. From your Dashboard, locate an individual student and select the blue text next to 'Low Balance Alert' (the text will say either 'Not Set' or 'Set for ...')  Low Balance Alert: **Not Set**
2. In the first field, enter a balance threshold. This tells SchoolCafé how low the student's balance must be before a low balance alert is sent to you.
3. In the next field, enter how often you would like to receive a reminder that the student's balance is below the threshold. This is helpful in case you miss an email or alert.
4. Select 

For answers to frequently asked questions, and to get the most up-to-date help with this or any other information not covered here, please visit our website at <https://www.schoolcafe.com> and select

**FAQs**

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## Quick Card

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schoolcafé

Dashboard

Payments & Purchases

Eligibility Benefits

Apply

My Applications

Eligibility Notifications

Menus & Nutrition

Support

Welcome, Bob (HANCOCK COUNTY SCHOOLS)

Select Language

English

中文

Select from Various Languages

Apply for Free & Reduced Meals

Add a Student

ID

Date of Birth

First Name

Middle Name

Last Name

School

Is this student a Foster, Homeless, Migrant, Runaway, Head Start child?

Yes No

Was this student approved for a PFD?

Yes No

Does this student receive income?

Yes No

To ensure that we can match your students, please enter as many details as possible.

Cancel

Add this Student

Add Details: such as Income, or if your Student is Foster or Homeless

Eligibility Benefits

Apply

My Applications

Eligibility Notifications

Menus & Nutrition

My Account

Polls (0)

Support

Logout

Certify

Please provide honest acknowledgement of the terms and conditions for this application before proceeding.

Bob Smith

4422 Cypress Creek Pkwy Suite 400

Houston, TX 12345

123-456-7899

test@test.com

Edit

I certify (provide true and that I understand the information provided is correct)

☐ I understand that school officials may verify (check) the information provided. I understand that if I purposely give false information, my children will lose benefits, and I may be prosecuted.

\* required

Previous

Next

Click to Certify your Information is Correct

Students

Assistance

Household

Review

Details

Submit

Enter all K-12 students in your household

Add a Student

You do not have any students associated with your SchoolCafé account. You need to add at least one student.

Previous

Next

Edit Application Information

Add Students to your Application

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## Quick Card

Students Already Added will  
Populate and can be Selected here

4

Select students from your SchoolCafé account

Please select any students you have already added to your account and answer a few basic questions in order to speed up the application process!

- ☐ Jane Kaye Smith
- ☐ Sean Michael Smith

Select Students  
Already Added

Are there any other students in your household?

☐ Yes ☐ No

Do any of the students in your household receive income?

☐ Yes ☐ No

Are any of these students Foster, Homeless, Migrant, Rural, or Native American?

☐ Yes ☐ No

Do you receive any assistance from SNAP, TANF, or FDIPIR?

☐ Yes ☐ No

Answer Questions  
about your Household

5

Assistance

Do you receive any assistance from SNAP, TANF, or FDIPIR?

☐ Yes ☒ No

Previous

Next

Add Information about the  
Financial Assistance  
you Receive in the Assistance  
Step

Assistance

Do you receive any assistance from SNAP, TANF, or FDIPIR?

☒ Yes ☐ No

Benefits Received

\* required

What type of benefits do you receive?

☐ FDIPIR ☐ SNAP ☐ TANF

Previous

Next

Use of Information Statement | Non-Discrimination Statement

What is your case number?

Case Number

1234567890

Enter Information such as  
Case Number

What is your case number?

Case Number

123456789|

Case number must be 10 digits.

Number of Digits is Validated  
to Ensure Accuracy

2

Return to a Previous  
Step in your Application

6

English

Students

Assistance

Household

Review

Submit

Household

Please list all household members and any income they may receive below so that we can determine your household size/income. To speed things up we've already added your students that you entered earlier.

Add Household Member

Add Additional  
Household Members

(student)  
Income: None

(student)  
Income: None

Smith, Bob (applicant)  
Income: \$3,000.00 (Monthly)

Previous

Next

Adjust Income  
if Needed

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## Quick Card

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Students Assistance Household **Review** Submit

### Review

Glance over your information and make sure everything looks good. If something needs to be changed you can select the edit option for each section. Otherwise, you can proceed to the next step.

#### Students

Go Back to Students

You have indicated that your household contains 2 K-12 student(s).

Income: None  
Foster/Homeless/Migrant/Runaway/Head Start: No

Income: None  
Foster/Homeless/Migrant/Runaway/Head Start: No

#### Assistance

Go Back to Assistance

You have indicated that you did not receive any assistance from SNAP, TANF, or FDIPIR.

#### Household

Go Back to Household

Total Household Size (Including Children and Adults): 3

(student)  
Income: None

(student)  
Income: None

Smith, Bob (applicant)  
Income: \$3,000.00 (Monthly)

Previous

Review your Application Information

Selected Students for Application

Household Information

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Students Assistance Household Review **Submit**

### Submit

Bob Smith

Before submitting, please fill in a few details about yourself. This information will not be shared but helps the food service office contact you with the results of your application.

An adult household member must electronically sign the application. If the household member inform section is not completed, an adult signing this application should have a social security number or mark the "I do not have a SSN"

To capture the last 4 digits of your social security number for applying. If you do not have a social security number, you may indicate that below.

Do you have an SSN?

☒ Yes ☐ No

Enter the last 4 digit of your Social Security Number  
1234

Enter the Last Four Digits of your SSN (if required)

Digitally Sign your Online Application

Submit your Application

Bob Smith

Your application was successfully verified and signed via IP Address 10.10.100.91.

Submit My Application

Return to Previous Steps to Adjust Any Information

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### Summary

You have successfully completed your online application!

Your application number is 5. You can find the details of your information on the My Applications page. When processing is completed, you will receive a letter officially notifying you of the results from your district. Those results will be available on the Eligibility Notifications page.

Copy of your application

2017 - 2018 Application for Free and Reduced Price Meal									
STEP 1 - All Children to the Household: Complete one application per household. Please use a pen (not a pencil).									
Student ID	Last Name	First Name	MI	DOB	Student?	SCHOOL Code	Grade	Direct Approve	
100081					<input type="checkbox"/>				
100732					<input type="checkbox"/>				
STEP 2 - Assistance Programs: Do any household members (including you) currently participate in SNAP? If you answered NO - Complete STEP 2. If you answered YES - Please add SNAP number from step 1 to STEP 4.									
STEP 3 - Household Member Income (skip this step if you answered 'Yes' in STEP 2): Please note: How to apply for Free and Reduced Price School Meals for more information. The 'Statement of Income for Children' section will help you with the child income section. The 'Statement of Income for Adult' section will help you with the ADULT household member section.									
List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you write '0' or leave any field blank, you are certifying (promising) that there is no income to report.									
Household Member (First and Last Name)	Earnings from Work	How Often?	Public Assistance / Child Support / Alimony	How Often?	Pensions / Retirement / All Other Income	How Often?			
Bob Smith	\$3,000.00 Monthly								
Total Household Size		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Another Adult Household Member		SSN: 1234		Check if no SSN: <input type="checkbox"/>			
STEP 4 - Contact Information and Adult Signature: I hereby certify that all information on this application is true and that all income is reported. I understand that this information is given in confidence to the school district, and the school district may verify this information. I am aware that if I knowingly give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.									
Printed name of adult completing the form				Signature of adult completing the form				Today's Date	
Bob Smith				[Signature]				01/12/17	
Street Address (if available)				City				State ZIP Code	
870 Easy St				Palmer				AK 12345	
Home Phone Number				Work Phone Number				Email	
2143567890								bobsmith@primerededge.com	
Optional - Children's Racial and Ethnic Identifiers									
Ethnicity: Race:									

After Submitting, you'll Receive an Application Copy

Print or Download a Copy of your Application

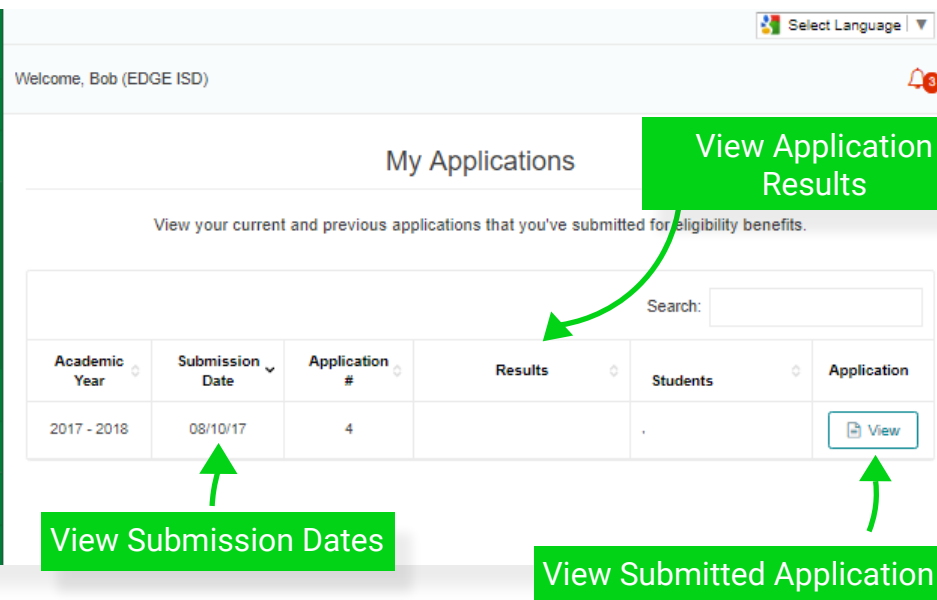
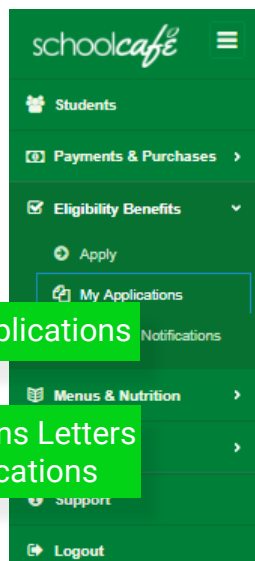
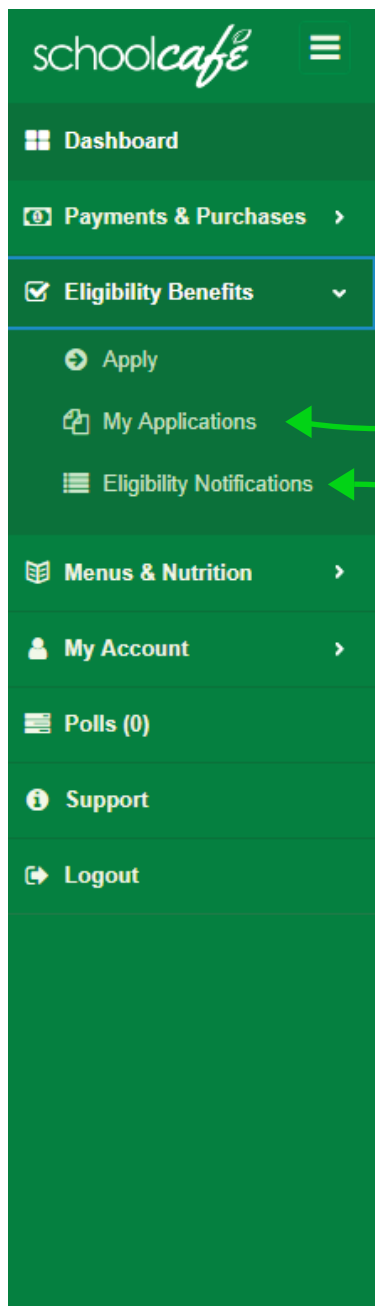
Print Download

I need to apply for more students. Start another application.

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## Quick Card

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The 'My Applications' page shows a welcome message 'Welcome, Bob (EDGE ISD)' and a notification bell with '3'. Below the title 'My Applications' is the instruction 'View your current and previous applications that you've submitted for eligibility benefits.' There is a search bar. A table lists applications with columns: Academic Year, Submission Date, Application #, Results, Students, and Application. One application is shown for the 2017-2018 year, submitted on 08/10/17, with application number 4. A 'View' button is next to it. A 'Select Language' dropdown is in the top right.

Academic Year	Submission Date	Application #	Results	Students	Application
2017 - 2018	08/10/17	4		.	<a href="#">View</a>

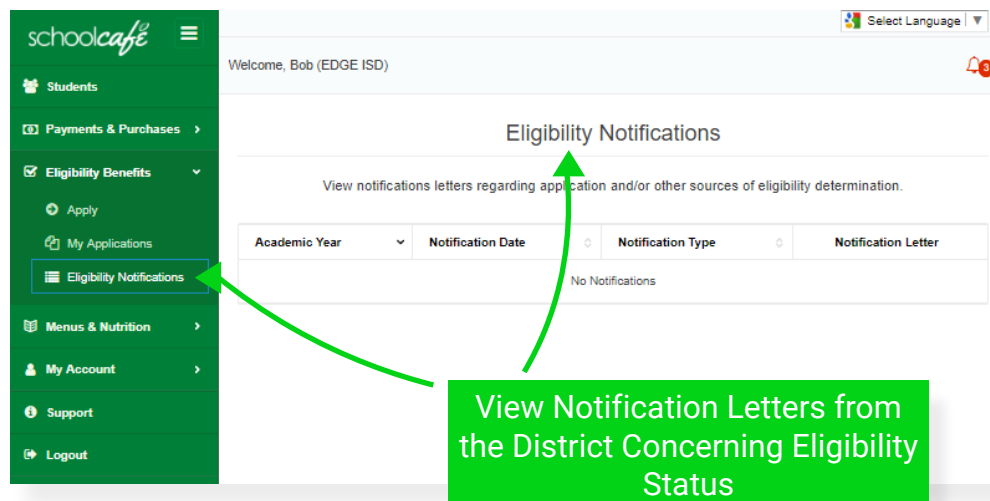
View Previous Applications

View Notifications Letters Regarding Applications

View Submission Dates

View Application Results

View Submitted Application



The 'Eligibility Notifications' page shows a welcome message 'Welcome, Bob (EDGE ISD)' and a notification bell with '3'. Below the title 'Eligibility Notifications' is the instruction 'View notifications letters regarding application and/or other sources of eligibility determination.' There are filters for Academic Year, Notification Date, Notification Type, and Notification Letter. The message 'No Notifications' is displayed. A 'Select Language' dropdown is in the top right.

View Notification Letters from the District Concerning Eligibility Status

