Middlesex County STEM Charter School Online Parent Lunch Application 2022-23 Instruction

Step 1: Log in to your parent portal, select your preferred language at the bottom left of the screen.

Step 2: Select the forms tab located in your Student Data tab. Then select "apply" under meal application.

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Step 3: Review the application terms before you begin.

SELECT STUDENT: Student, Test ▾

| APPLICATION - 1 - BEFORE YOU BEGIN | APPLICATION - 2 - CHILDREN | APPLICATION - 3 - INCOME | APPLICATION - 4 - SUMMARY |

Meal Application - Before you Begin

Welcome to Central Jersey College Prep Charter School online Lunch Application

Note: If you would like to submit a paper application please collect one from the school's Main Office.

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in the district. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact your school.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.
Who should I list here? When filling out this section, please include ALL members in your household who are:
- Children age 18 or under AND are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending the school system, regardless of age.

A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student in this school district? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend the school district here. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4

Step 4: Scroll down and agree to the terms to start the application process.

Central Jersey College Prep Charter School
101 Mettlers Road, Somerset NJ 08873

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.

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.
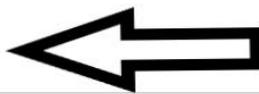
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that 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:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

I Agree to terms and services: ☐

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Step 5: Add ALL children residing in the household to the application. Write child name then click the add button. Repeat for all other children.

ORE YOU BEGIN	APPLICATION - 2 - CHILDREN	APPLICATION - 3 - INCOME	APPLICATION - 4 - SUMMARY

Meal Application
Students in Household

STUDENT	GRADE	SCHOOL	FOSTER	HOMELESS	MIGRANT	RUNAWAY	IS IN HOUSEHOLD
Student, Test	07	Central Jersey College Prep Charter Middle and High School	☐	☐	☐	☐	☑

Other Children in Household

NAME	FOSTER	HOMELESS	MIGRANT	RUNAWAY
	☐	☐	☐	☐

⊕ Add a Child

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.

Ethnicity	
Hispanic or Latino:	☐
Not Hispanic or Latino:	☐
Choose one or more race (regardless of ethnicity)	
Asian:	☐

Step 6: Add all working or non-working household members.

ORE YOU BEGIN	APPLICATION - 2 - CHILDREN	APPLICATION - 3 - INCOME	APPLICATION - 4 - SUMMARY

Meal Application Income

For each household member that earns or receives income, enter the amount along with how often it is received.

Students in Household

Sometimes children in the household earn or receive income. Please include the income received by each student in the household. ⓘ

STUDENTS INCLUDED IN APPLICATION		INCOME	FREQUENCY
Student, Test	Central Jersey College Prep Charter Middle and High School	$ 0.00	▾

All Other Household Members (including non-earners)

NAME	WORK ⓘ		WORK 2		ASSISTANCE ⓘ		OTHER ⓘ	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
Ayden Lopez	$ 2000	Monthly ▾	$ 0.00	▾	$ 0.00	▾	$ 0.00	▾

⊕ Add Another Household Member

Household Size

Household size is an important part of determining free and reduced lunch status. The number below should reflect the number of household members that have been entered on this application. Please review the number and make sure it is correct. If it is not correct, please review the household members that have been entered above. For non-student household members, clearing the member's name above will remove them from being counted in household size.

Total Household Members (Adults and Children):	2

A household is defined as a group of people, related or unrelated, that usually live together and share income and expenses. This includes grandparents or other extended family members that are living with you. It also includes people that are not currently living with you, but are only away on a temporary basis, like kids that are away at college. It includes people

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Step 7: Review your application.

APPLICATION - 2 - CHILDREN	APPLICATION - 3 - INCOME	APPLICATION - 4 - SUMMARY

Meal Application Summary

Students

STUDENTS INCLUDED IN APPLICATION		FOSTER	HOMELESS	MIGRANT	RUNAWAY
Student, Test	Central Jersey College Prep Charter Middle and High School	No	No	No	No

Assistance Program Participation

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF?	No
Case Number:	

Household Income

NAME	WORK		WORK 2		ASSISTANCE		OTHER		COMBINED	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
Non-Students										
Ayden Lopez	$2,000.00	Monthly	$0.00		$0.00		$0.00		$2,000.00	Monthly
Students										
Student, Test	$0.00								$0.00	Monthly
Total:									$2,000.00	Monthly

Household Size

Total Household Members (Adults and Children):	2

Children's Racial and Ethnic Identities

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Step 8: Fill in your SSN if applicable, certify application then submit.

Meal Application Summary
Students

STUDENTS INCLUDED IN APPLICATION		FOSTER	HOMELESS	MIGRANT	RUNAWAY
Student, Test	Central Jersey College Prep Charter Middle and High School	No	No	No	No

Assistance Program Participation

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF?	No
Case Number:	

Household Income

NAME	WORK		WORK 2		ASSISTANCE		OTHER		COMBINED	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
Non-Students										
Ayden Lopez	$2,000.00	Monthly	$0.00		$0.00		$0.00		$2,000.00	Monthly
Students										
Student, Test	$0.00								$0.00	Monthly
Total:									**$2,000.00**	Monthly

Household Size

Total Household Members (Adults and Children):	2

Children's Racial and Ethnic Identities

Hispanic or Latino:	Yes
Asian:	No
Black or African American:	No
American Indian or Alaskan Native:	No
Native Hawaiian or Other Pacific Islander:	No
White:	No

Certify and Submit:

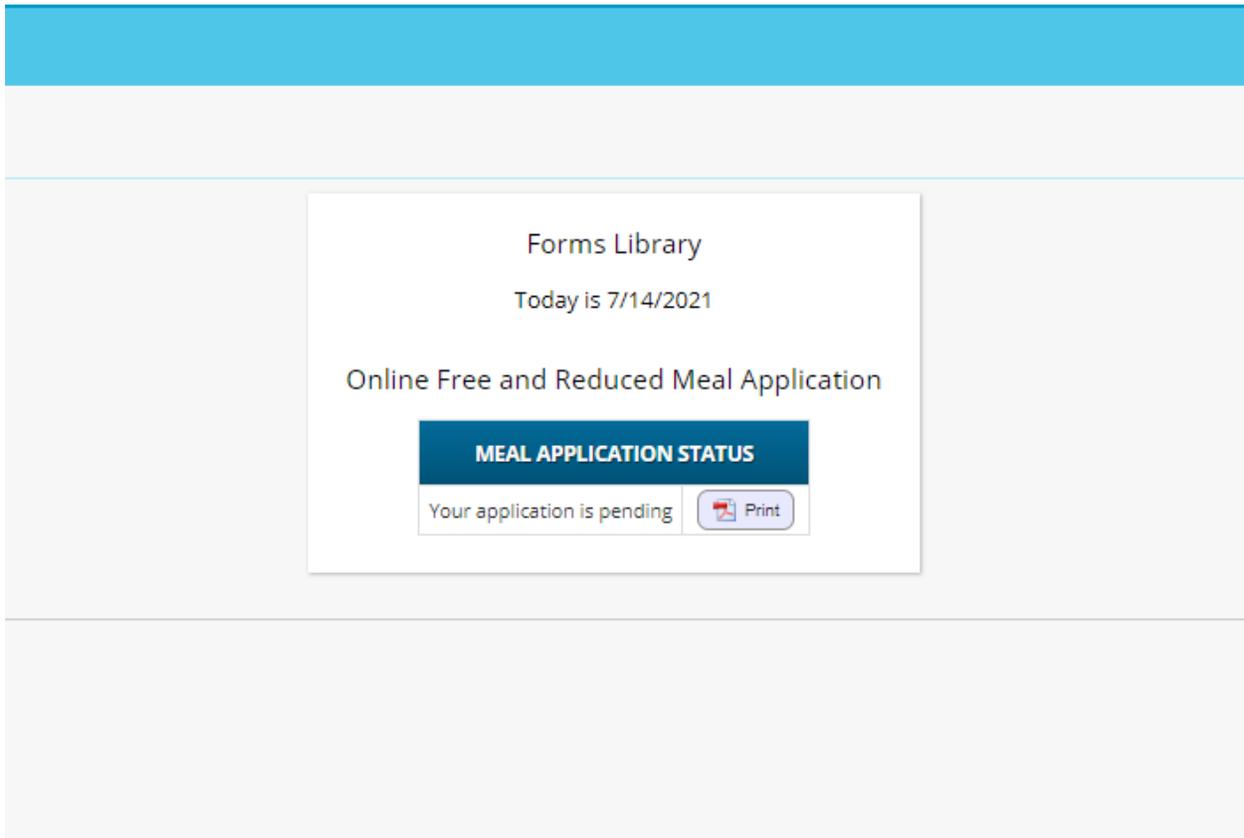|	
Sign by entering the last four digits of your Social Security Number:	
Or, check here to indicate you do not have a Social Security Number:	☐

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.
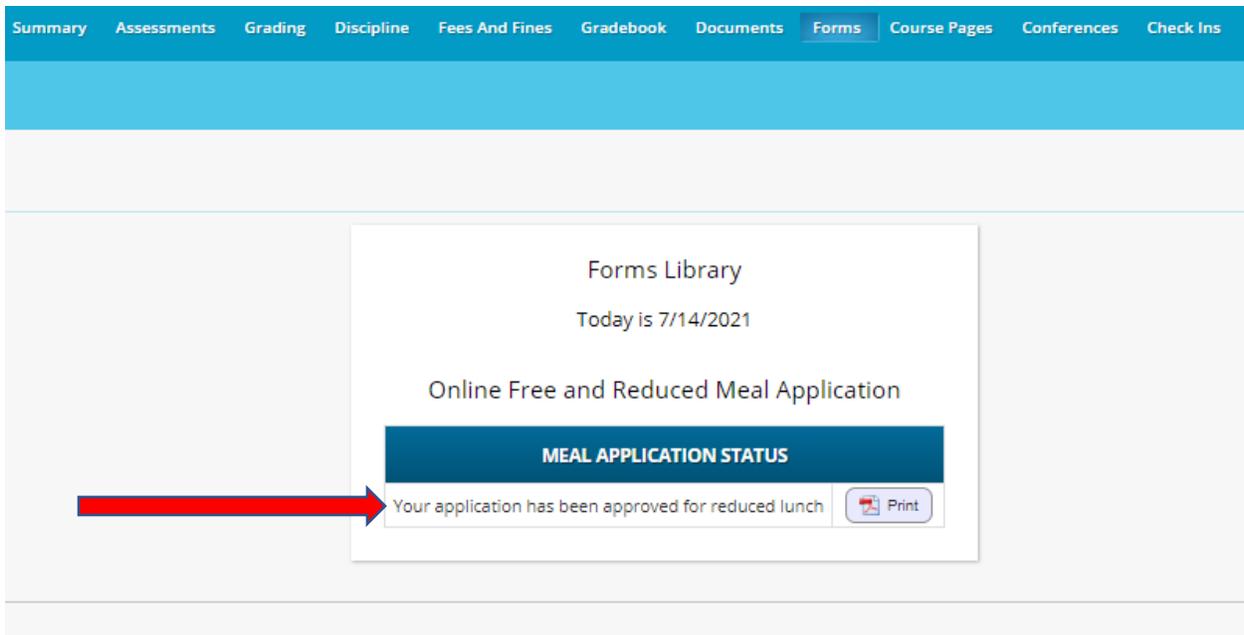
Check this box to certify: ☐

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Step 9: Your application is submitted and is pending at this moment.

Application is processed. Please see your eligibility under meal application status below.