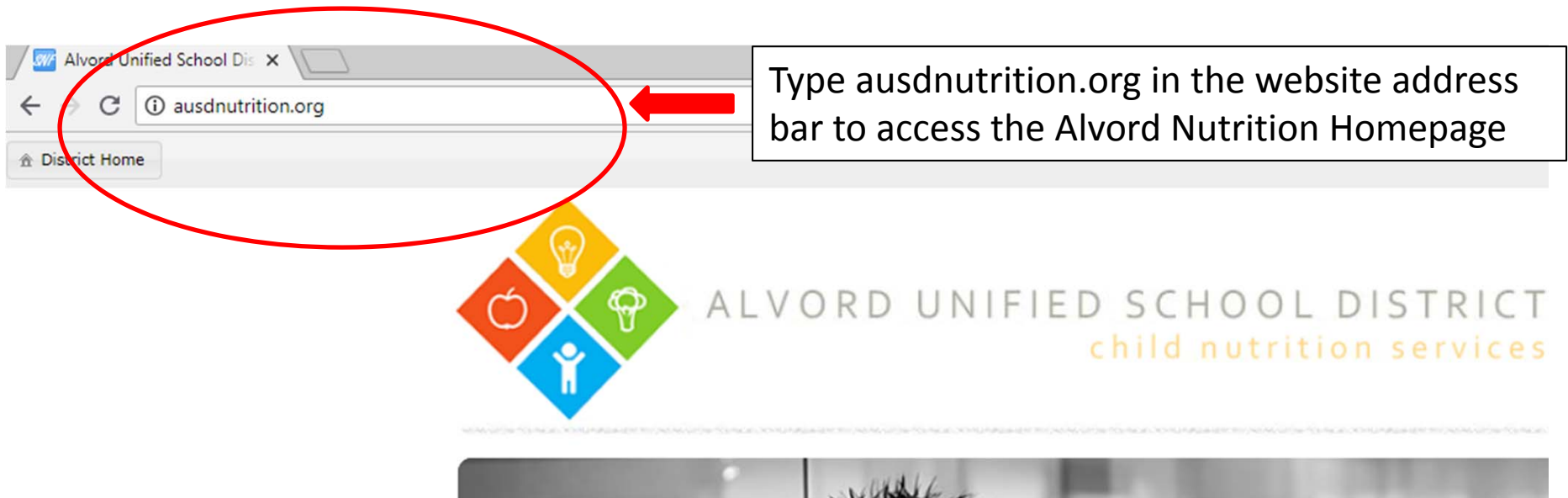


## 2018-2019 School Year Meal Application

A new meal application is needed for every school year  
Please follow the guide for help in filling out meal application



Type ausdnutrition.org in the website address bar to access the Alvord Nutrition Homepage



Click on "Meal Application" to begin meal application

Welcome to Child Nutrition Services!



**STUDENT FEEDBACK**



View Student Balances & Transaction History



# Alvord Unified School District

Online Meal Application



Click Start to begin

English

Translated applications available by clicking here: <http://www.fns.usda.gov/school-meals/family-friendly-application-translations>  
Alvord Unified School District Web Site Terms and Conditions of Use For Alvordmealapp.com.us/fma Any access to and use of the Alvordmealapps.com.us/fma site and its pages ("Site") is subject to the terms and conditions of use (the "Terms") as set forth in this document as they are amended from time to time by Alvord Unified School District (this "Agreement"). In this Agreement, "You" or "Your" refers to any person or entity using the Site. By checking the "I AGREE" box below, accessing, or otherwise using the Site, You agree to be bound by this Agreement. Alvord Unified School District may change the Terms from time to time in its sole discretion. Your access and use of the Site after such changes shall constitute Your agreement to abide by and be legally bound by the Terms as they appear at the time of the access and use. If You do not agree to the Terms, You may not access or use the Site. 1. SITE USE GENERALLY. 1.1. User Information. You represent, warrant, and covenant that all information You provide to Alvord Unified School District is and will be complete and accurate. By submitting information, You grant Alvord Unified School District the right to share Your information with the school district. 1.2. Links to Other Materials. Links to other materials are not under the control of Alvord Unified School District and Alvord Unified School District is not responsible for the content of any linked site or any link contained in a linked site. Alvord Unified School District does not warrant, endorse, or verify any information, programs, products, or services on any linked site. Alvord Unified School District provides such links only as a convenience to You. Alvord Unified School District has not ordered, tested or verified any information, programs, products, or services on any linked site to which it

1. Select the language you want to use

Important information regarding meal applications



2.  I have read the above and agree

Check box once you have read instructions

3. Start

Click Start to begin application

Print

Start

Online Meal Application x

Secure | https://alvordusd.rocketscanapps.com/MealApplication.aspx

# Alvord Unified School District

Online Meal Application Important information

Student | Special Circumstances | Student Income | Household Member | **General Information** | Final Check | Completed

## DIGITAL SIGNATURE

Form

Fill out parent or guardian first name and last name

1. First

2. Last

I hereby (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.

Previous Task | Cancel | **Next Task**

3. Select new task to continue with application

# Students

- 1. Fill out the student information section for each child who is attending school this year and click the **Add this student** button. When you have added all the students in your household, click **Next Task**.
- 2. If the child you are applying for is a foster child, homeless, migrant, or a runaway, please check the correct box (if available) and the appropriate district liaison will determine their eligibility for the receipt of free meal benefits.
- 3. In the CalFresh, CalWORKS, FDPIR box, please indicate the CalFresh, CalWORKS, FDPIR.

**Form**

To add a student, fill out the information below and click 'Add this student'

Steps 1 – 5 please fill out all fields

6. If student is Homeless, Migrant, Runaway, Head start or Foster child please check the appropriate box

7. Once all the fields have been complete please add student to application

**Student**

1. First

Middle Initial

2. Last

3. Grade

4. Select school

5. Birth date

Homeless, Migrant, Runaway, Head Start

Foster child

7.

If more than one student attends AUSD please add all students to one application

8. Once all students have been added click on **NEXT TASK** to continue with application

# Special Circumstances

Applications for these programs can be found on the following sites:

CalFresh & CalWORKs [www.benefitscal.org](http://www.benefitscal.org)

Medi-Cal & Single State Application for Health Care [www.coveredca.com/apply](http://www.coveredca.com/apply)

The Women, Infant & Children Program [www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx](http://www.cdph.ca.gov/programs/wicworks/Pages/AboutWICandHowtoApply.aspx)

Summer Lunch [www.cde.ca.gov/ds/sh/sn/summersites15.asp](http://www.cde.ca.gov/ds/sh/sn/summersites15.asp)

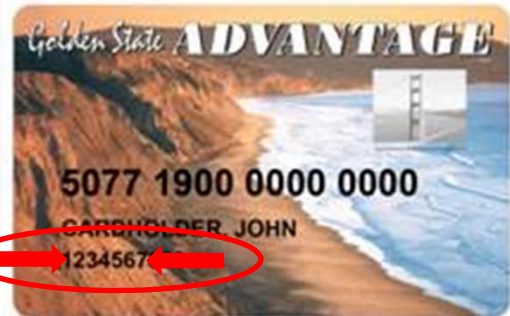
**NOTE: If any household member currently participates in any of the following programs no information for household members and income will be required**

**Form**

- one, student (Student) No birthdate provided
- two, student (Student) No birthdate provided

Cal-Fresh= SNAP  
Cal-Works= TANF

Case number can be found on EBT card, first 7 numbers on bottom left corner



If answer is yes provide case number and case type

**Special Circumstances**

Do any Household Members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWORKs, FDIPIR?

Yes  No

Case Number:

CalFresh, CalWORKs, FDIPIR

CALFRESH  CALWORKS  FDIPIR

Please select yes or no

Previous Task Cancel **Next Task**

Select NEXT TASK to continue with application

# Alvord Unified School District

Online Meal Application

Important information

Student Special Circumstances **Student Income** Household Member General Information Final Check Completed

## Student Income

Enter the total student income for this application.

**Form**  
one, student (Student) No birthdate provided

**Student Income**  How often? ▼

Report all income earned by students. Report the combined gross income for ALL students listed in your household. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

Previous Task Cancel **Next Task**

**Annotations:**

- This page is ONLY for student income not household/parent income
- Include total student income and indicate how often student receives income. If student has NO INCOME leave blank
- Select NEXT TASK to continue with application

# Add Household Members

If you no longer wish to complete your electronic application you can obtain a paper application at your school cafeteria, school office or the Nutrition Services office.

1. Fill out the income information for each household member that is not already on the form above and click **Add household member**. Be sure to include non-school age children. Once you have added all of the household members, click **Next Task**.

2. There are 4 types of income that can be reported here.

- 1. **Employment Income** - gross earnings before deductions, include all jobs.
- 2. **Welfare/Child support** - include welfare, child support, and alimony payments.
- 3. **Government Income** - pension, social security, child SSI, and permanent disability.
- 4. **Other** - include withdrawals from savings accounts and any other income.

**Form**

one, student (Student) No birthdate provided

**HOUSEHOLD MEMBER INFORMATION**

First: household

Last: member

Employment income: \$35,000.00 Monthly

Welfare, child support, alimony: How often?

Pension, Social Security, Child SSI, Disability: How often?

Report all income earned before taxes and deductions. Click on the Show help button about incomes.

Add this household member

Previous Task Cancel Next Task

**Fill out household member information**  
Include income and how often income is received

**If household member does not have income, write 0**

**Once all household members have been added click on NEXT TASK to continue with application**

**If more than one household member, add all household members and income individually**



# 9 General Information

For Parents whose families are HOMELESS no address is required. If you have any questions feel free to call us.

**Form**

one, student (Student) No birthdate provided

household member (Household Member) \$35,000.00 Monthly | |

**General Information**

Mailing Address:

Apartment

City

State  
California

Zip

Email address


Home

Total number of household members:  
0


Last Four Digits of Your Social Security Number

I do not have an SSN


Fill out with current information





Fill out with best phone number to reach parent/guardian in case of questions on application



Write the TOTAL number of household members living in the home with or without income, include all Students



Include last four digits of social security, if no social security please check the box



## GENERAL INFORMATION PAGE CONTINUED

Please choose one or more racial identities.

- American Indian or Alaska native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Please choose one ethnic identity.  
Ethnic identity (optional)

- Of Hispanic or Latino Origin
- Not of Hispanic or Latino Origin

This information is optional

Click NEXT TASK to continue with application

# Final Check

The parent/guardian signing this application must be listed in the household member section unless a CalFRESH, CalWORKs, Kin-GAP or FDPIR case number was listed or if this application is for a foster student.

**Form**

one, student (Student) No birthdate provided

household member (Household Member)

California  
Total number of household members:: 2  
Home: (951)509-6500  
I do not have an SSN

Parent/ guardian  
first name and last  
name

**DIGITAL SIGNATURE**

I

First

Last

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.

Enter the code shown

**YAJPV**

[Refresh Image](#)

Type code shown

Previous Task

Cancel

Submit my application

Click SUBMIT APPLICATION to finish application

Completed

**Form**

one, student (Student) No birthdate provided

household member (Household Member)

California  
Total number of household members:: 2  
Home: (951)509-6500  
I do not have an SSN

**Print this page or write down confirmation number**



**Completed**

### APPLICATION SUBMITTED

Your confirmation (batch) number is 32072.

Congratulations, your meal application has been submitted for review.  
Your Application will be processed within 10 operating days.  
Please do not submit another online or paper application as this will delay processing. You will be notified by letter as to the eligibility status.  
Until your application has been processed, you will need to provide your child(ren) with lunch or money to purchase school meals.  
If you have any further questions, a representative of your school district can be reached at Child Nutrition Services at (951) 509-6200.  
7/17/2018 3:10:56 PM (Pacific Standard Time)

Finished

If you have any questions please call (951) 509-6200 or visit : Nutrition Services 7377 Jurupa Ave Riverside 92504

- WHAT HAPPENS NEXT?**
1. Nutrition Services process application within 10 business days
  2. Nutrition Services will contact parent/guardian if there are any issues with application
  3. Results letter will be sent to household after application has been processed