LunchTime
Cafeteria Data Management

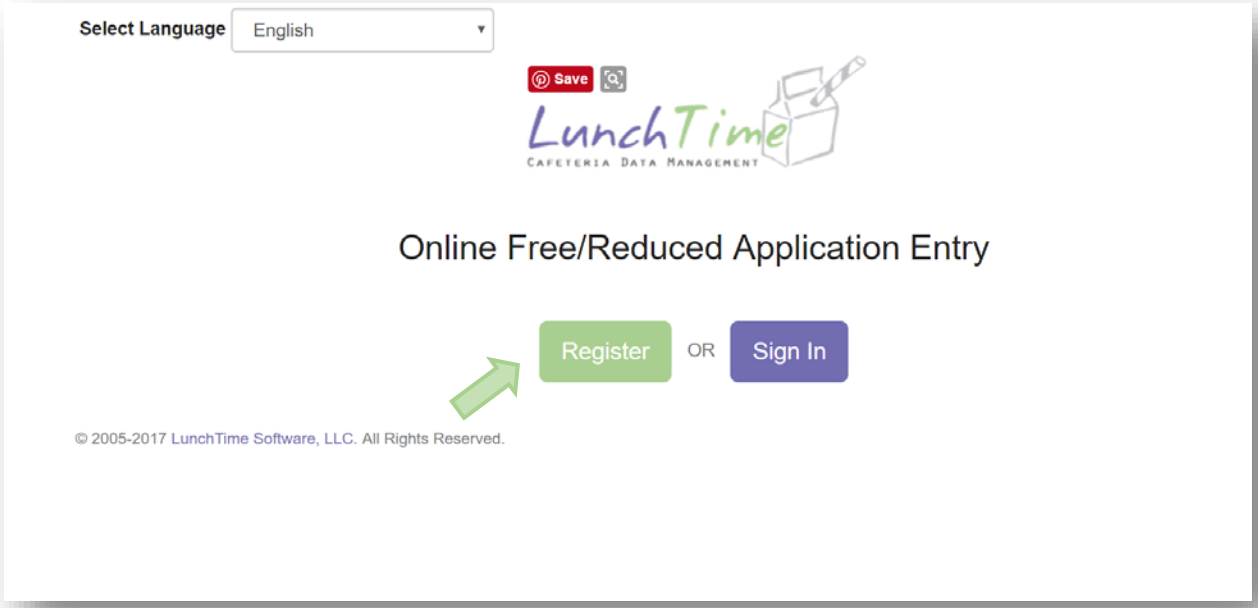
Online Free and Reduced Applications

Screen by Screen

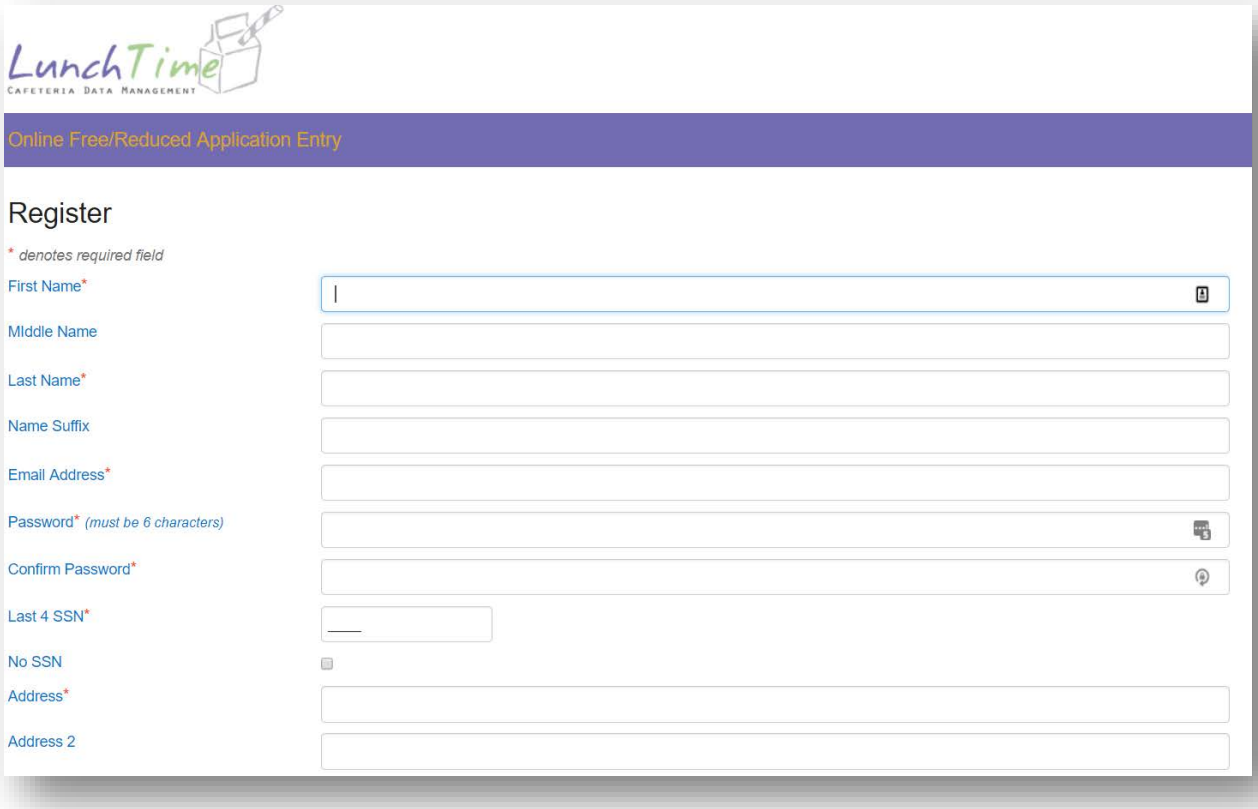
Middle Township

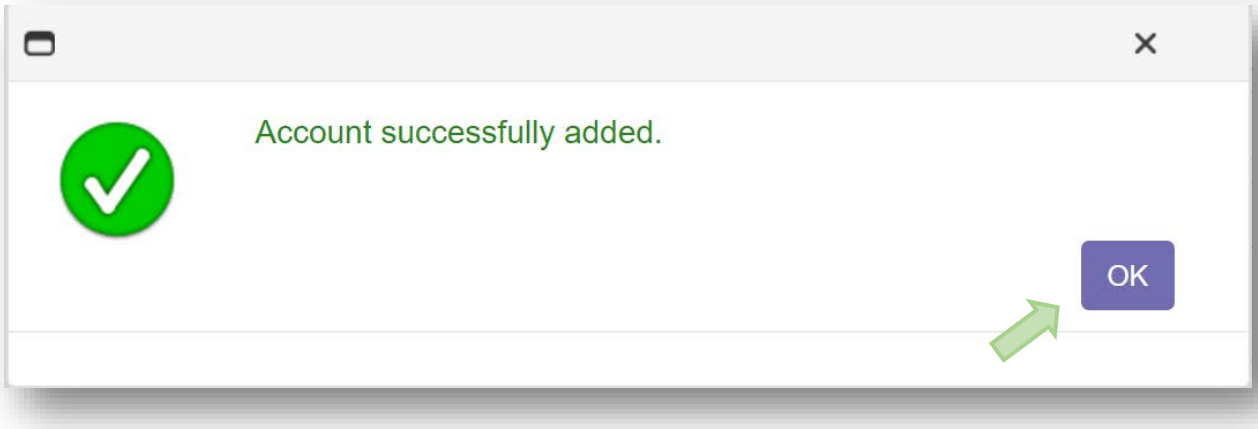
School District

Creating a New Account

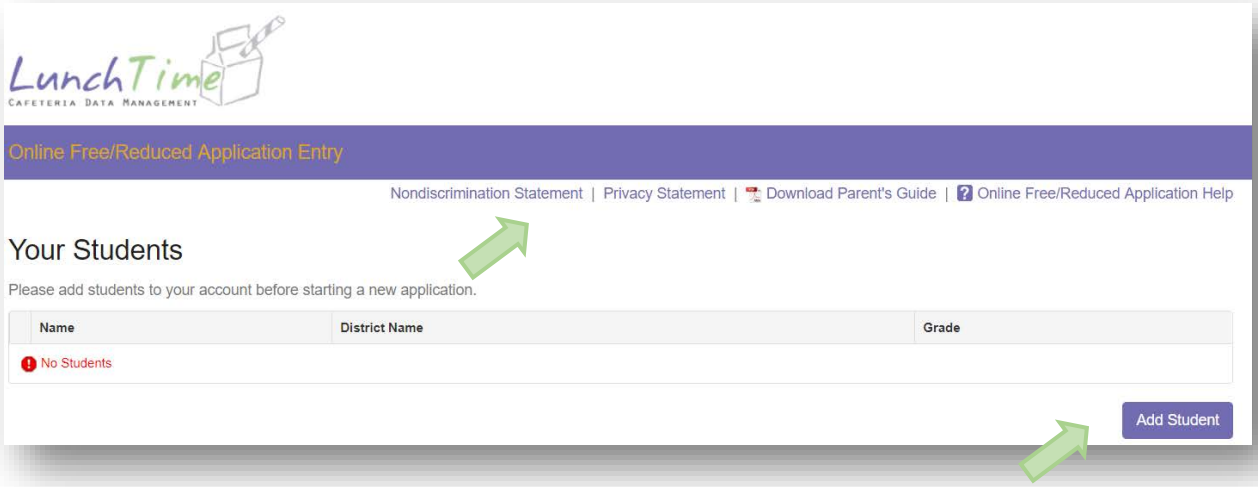


Demographic Information

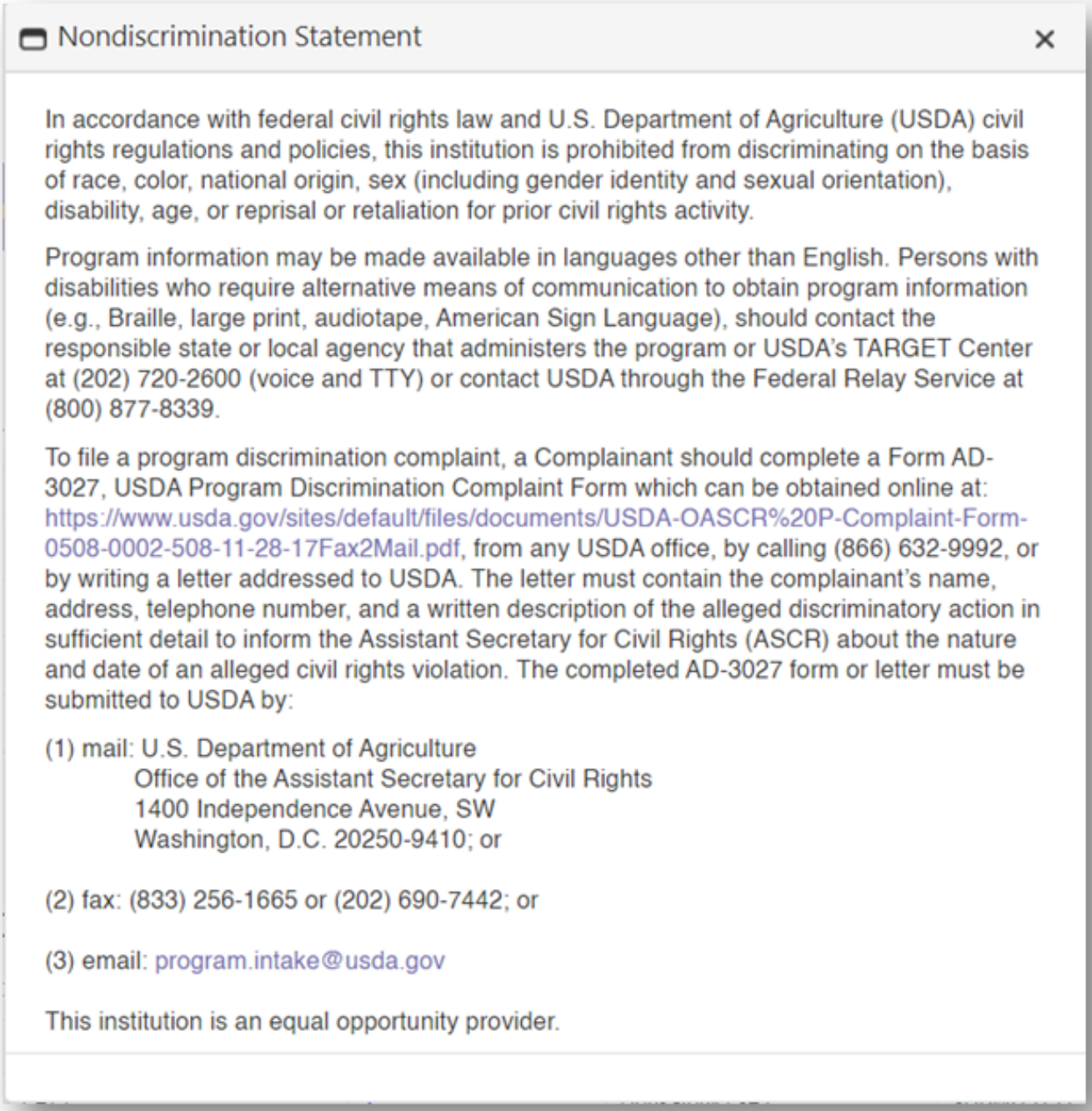



Account successfully added.
OK

Main Screen


LunchTime
Cafeteria Data Management
Online Free/Reduced Application Entry
Nondiscrimination Statement | Privacy Statement | Download Parent's Guide | Online Free/Reduced Application Help
Your Students
Please add students to your account before starting a new application.
Name
District Name
Grade
No Students
Add Student

Nondiscrimination Statement:



Nondiscrimination 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, 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:

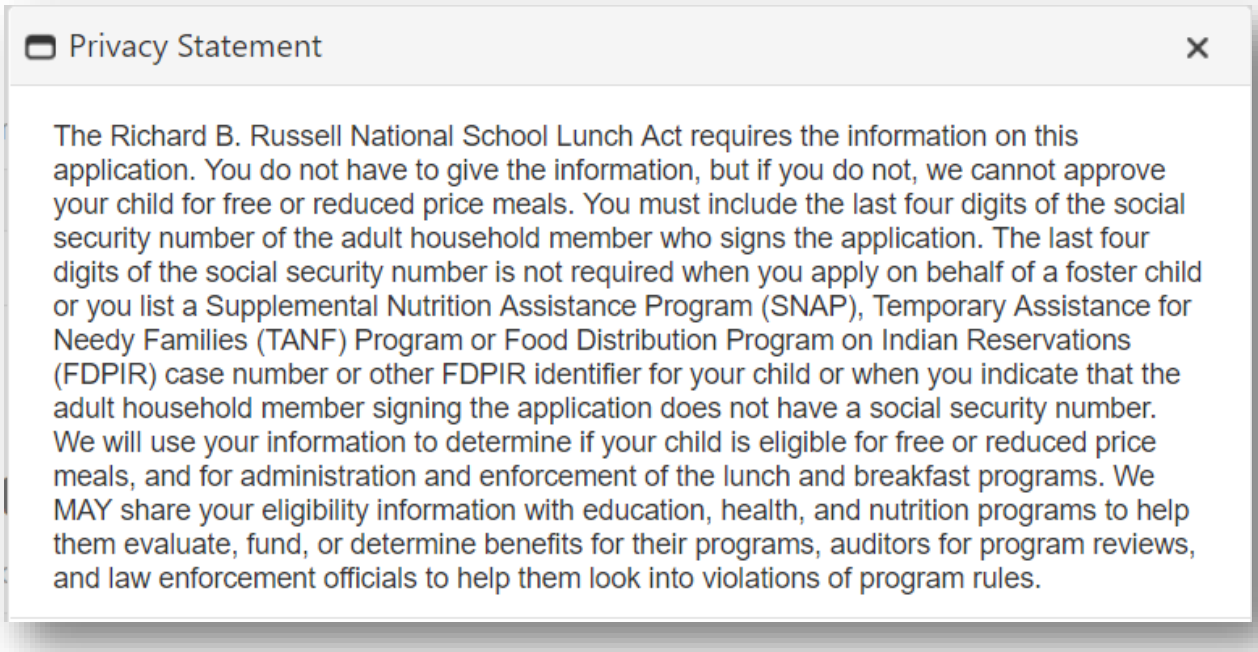
(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

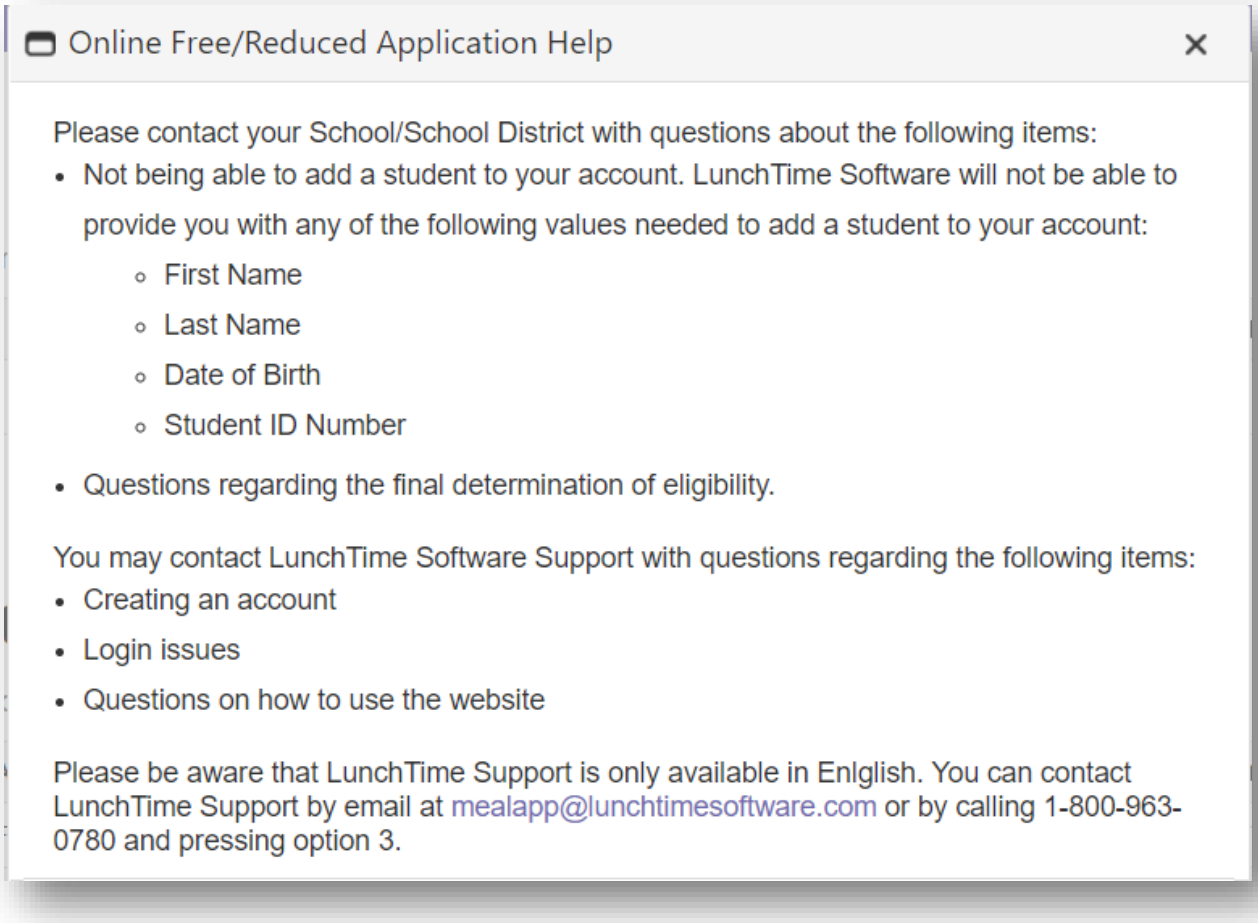
(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

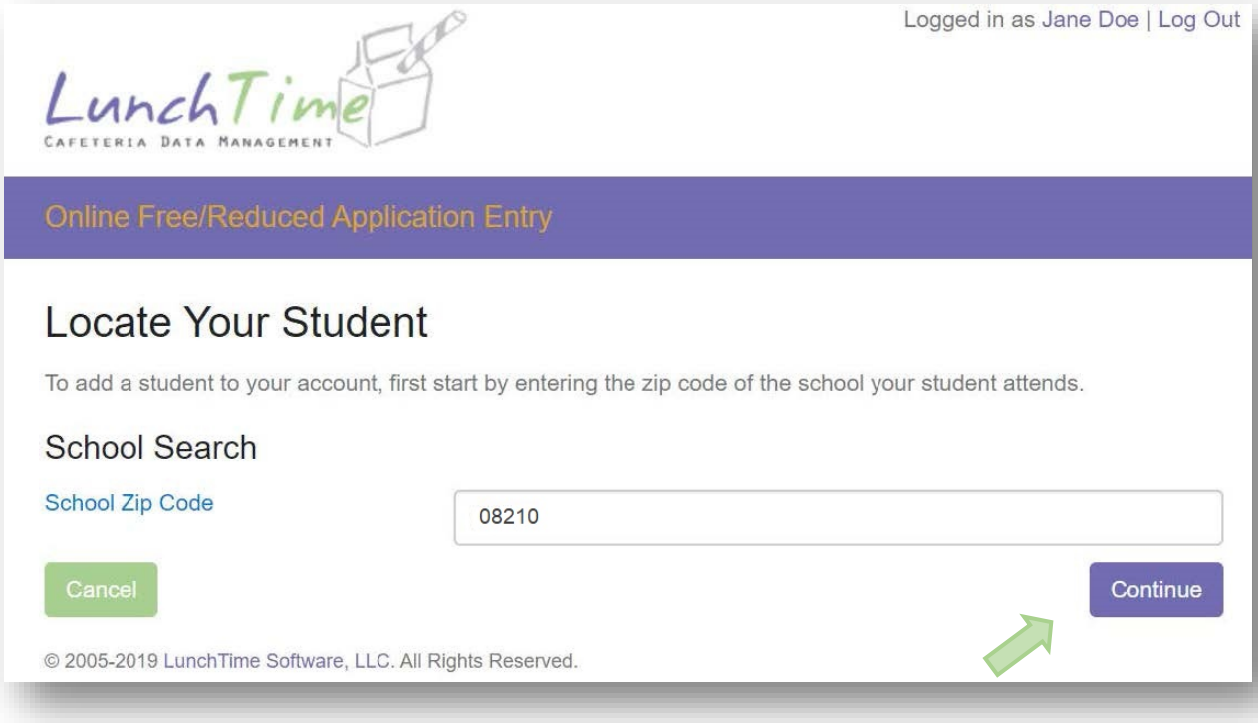
Privacy Statement:



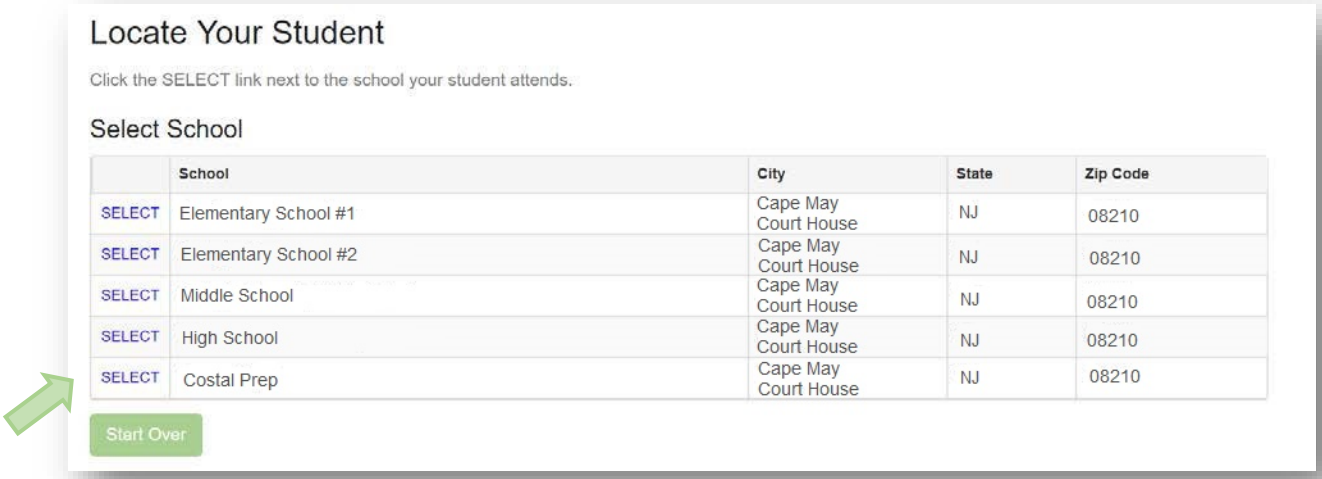
Online Free and Reduced Application Help



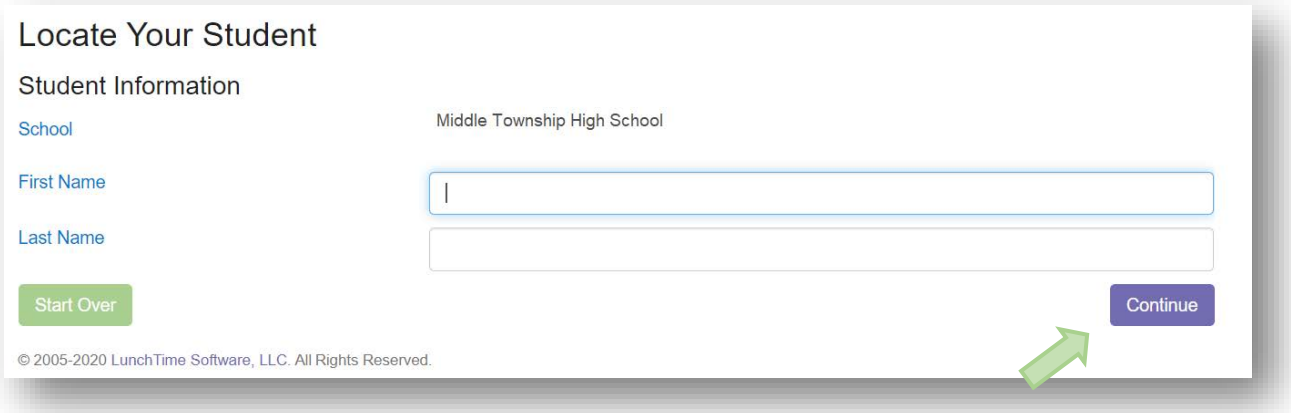
Adding Students



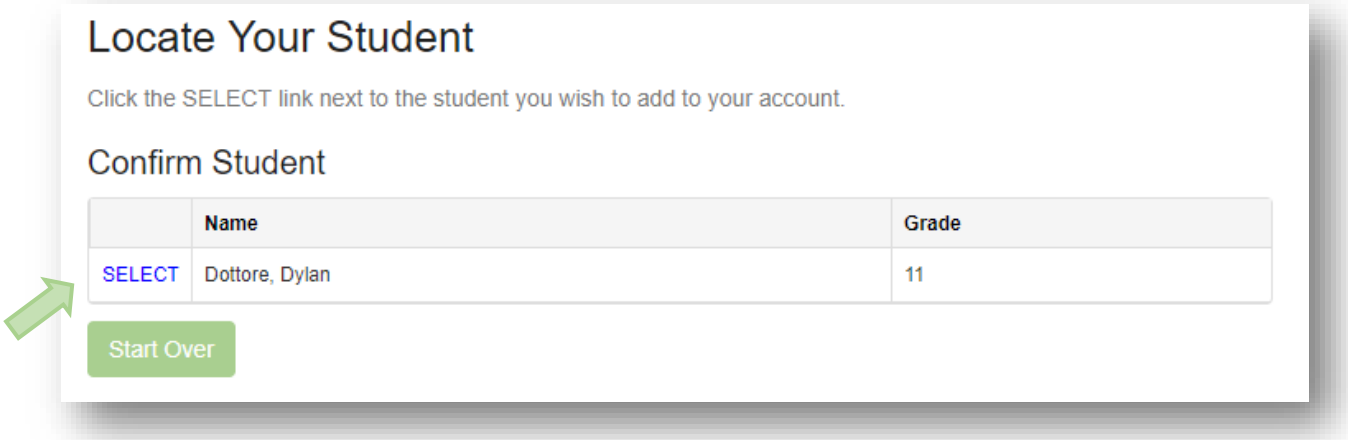
Available schools will be displayed. Click on the blue SELECT to the left of your students' school.



Enter the Required information and Click on the **Continue** button in the lower right.

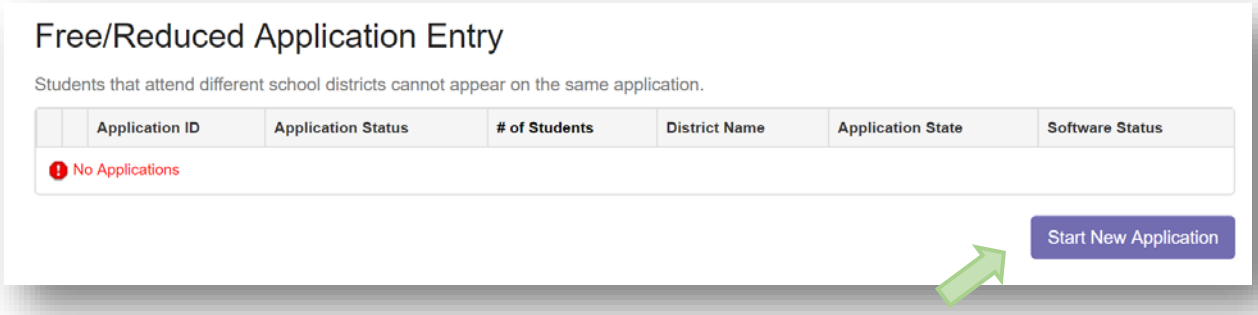


Verify the information and Click on the blue SELECT to the left of your students' name.



You will be returned to the Home page. Add additional students as needed.

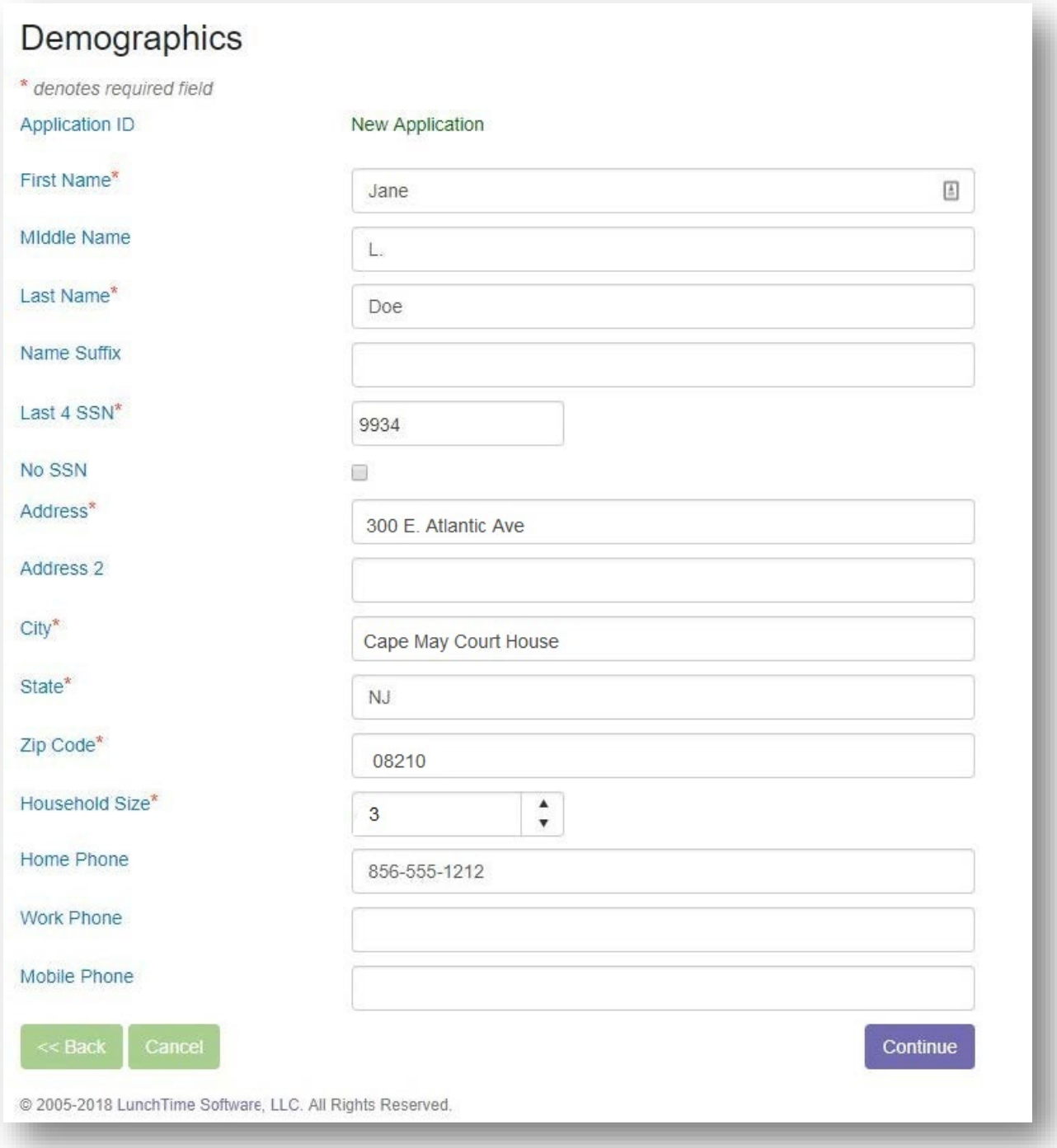
New Application



Review Demographics

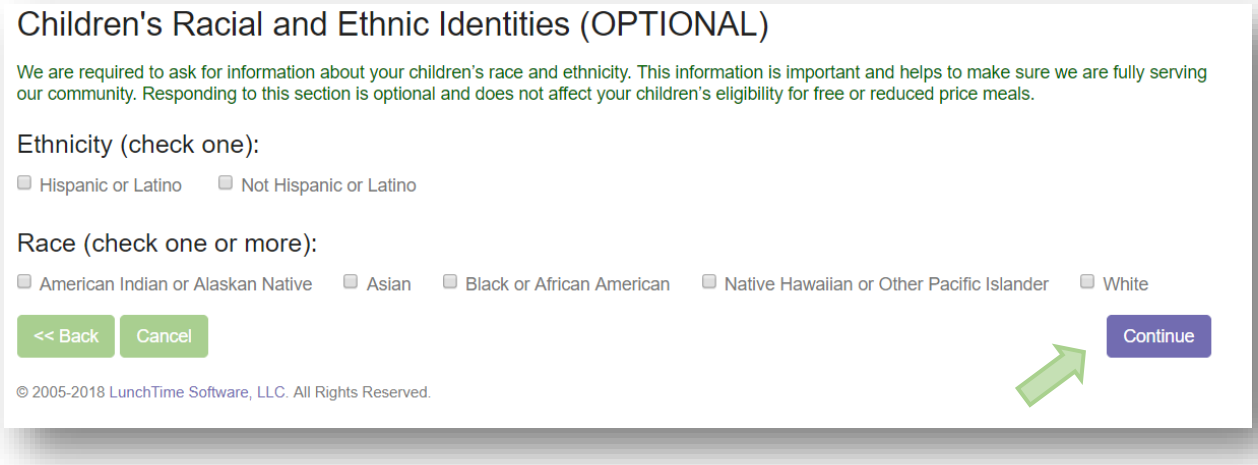
Complete all required fields (as indicated by *) in the Demographics Page.

This information was initially entered as part of creating an account. This page is intended for Review and Confirmation.



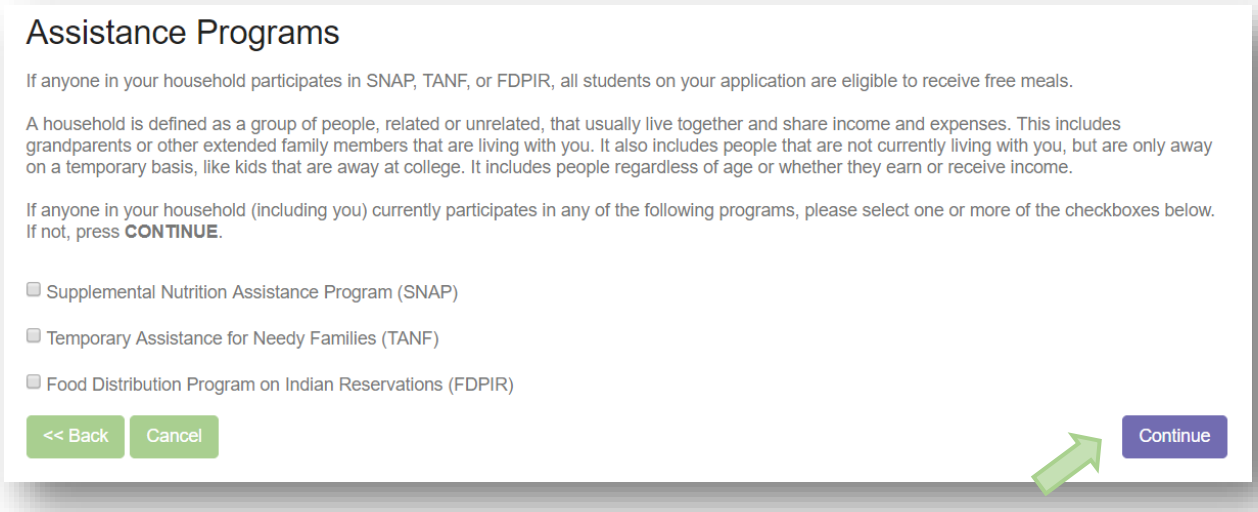
Children's Racial and Ethnic Identities (OPTIONAL)

Click on the appropriate boxes, or click Continue to skip these questions.



Assistance Programs

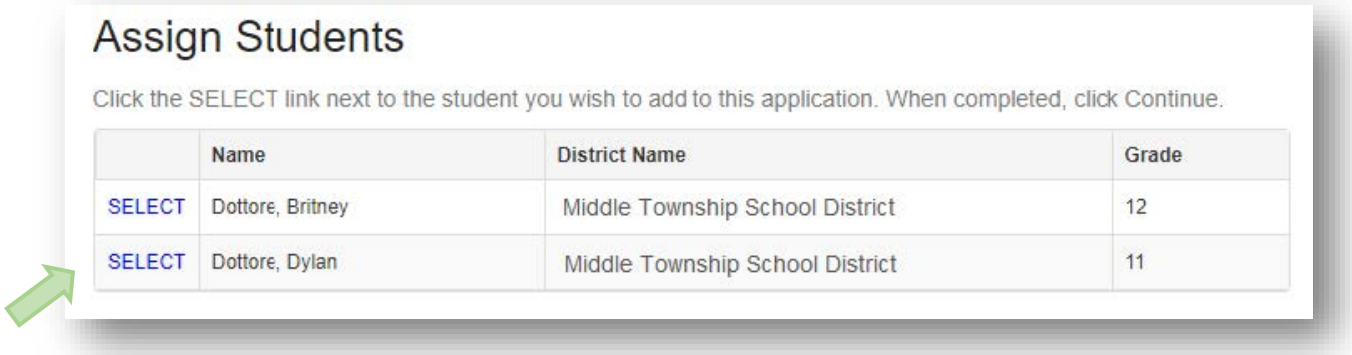
If a family participates in an assistance program, completion of the Household Income section is not required.



If an Assistance Program was selected in the previous screen, the Household Members and Income sections below will be skipped.

Assign Students

From the list of students, click on the SELECT link to the left of each student to be added to the application. If students attend different school districts, submit one application for each district. Only the student(s) in the submitting district needs to be SELECTED. Non-district children will be reflected in the Household size number.



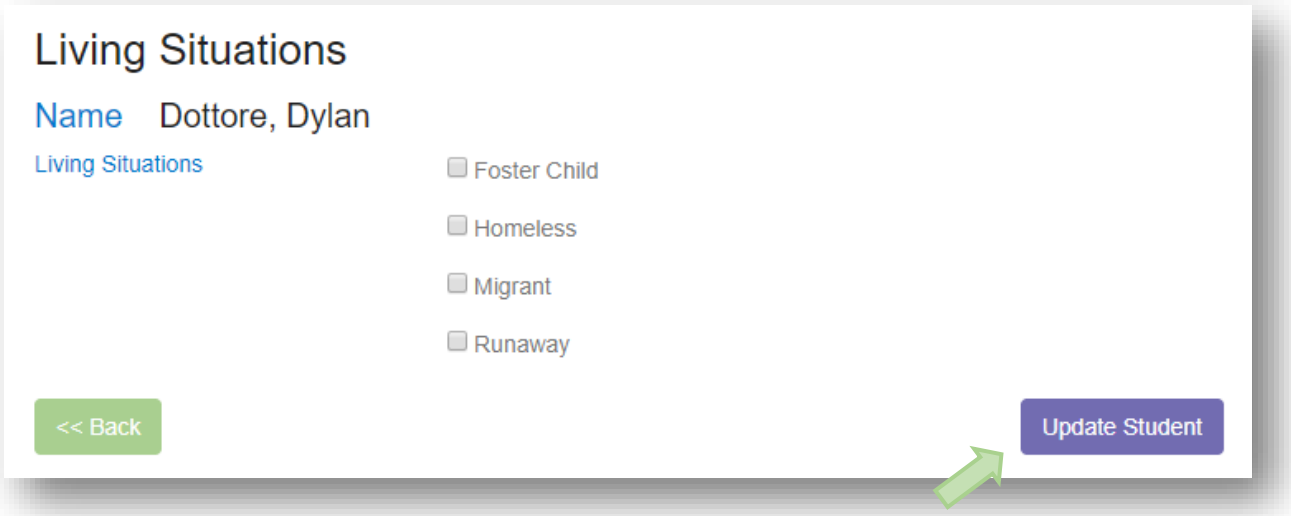
Special Living Situations

If the student is a Foster Child, is Homeless, is a Runaway, or is Migrant use the EDIT link next to the student name to indicate these special situations.

Use the REMOVE link if the student is to be deleted from the application.

Living Situations

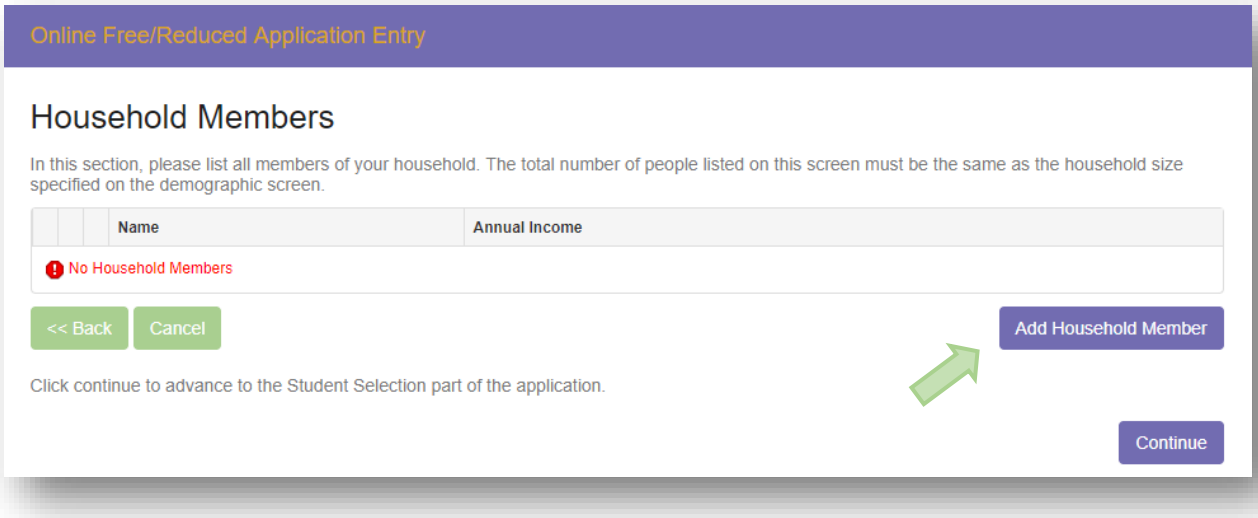
Check any Living Situations that apply for the given student. Click the **Update Student** button when complete.



Once the Living Situations have been entered (if applicable) click the **Continue** button.

Household Members

Begin to enter the Household Members by clicking the **Add Household Member** button. Please include all members of the household including those with zero incomes and small children. Note: this section are not applicable if an assistance program was selected.

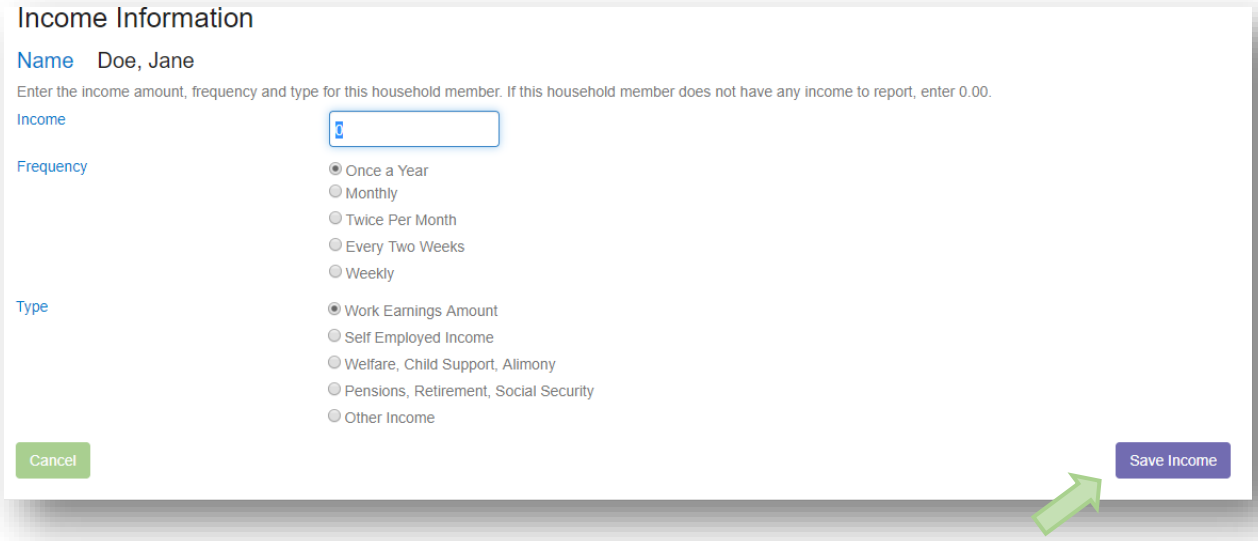


Household Member Information

Enter the Name of the first Household Member. All household members in the household must be reported. Click on the **Save Household Member** button to continue.

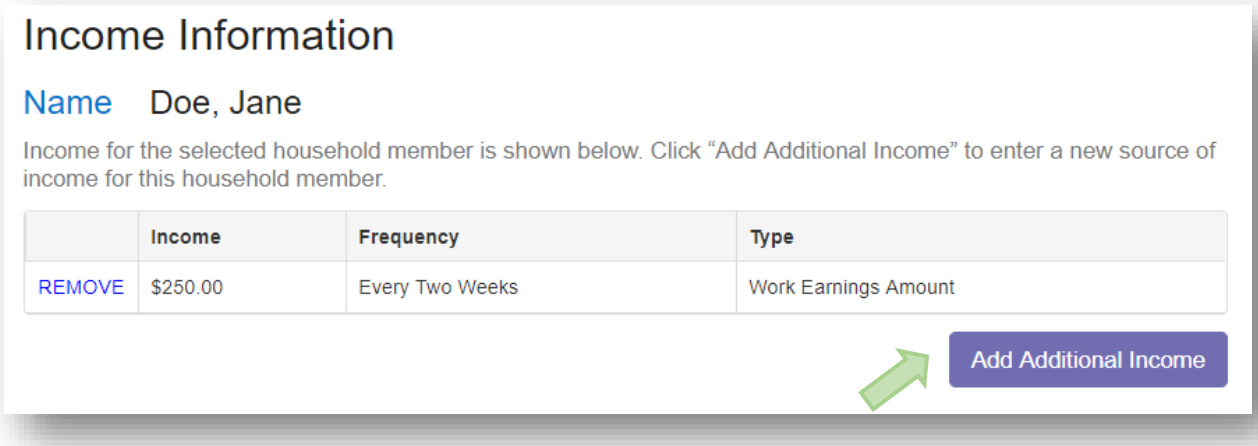
Income Amounts, Frequencies and Types

Enter the first income for the selected Household Member. Indicate the Income Amount, Frequency, and Type. If the Household Member has a zero income, enter 0.00. Click the **Save Income** button to continue.

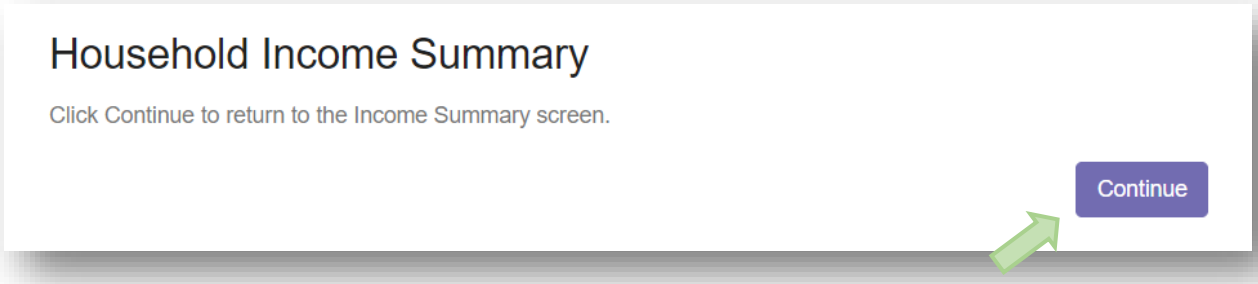


Additional Income Sources

If the household member has additional sources of income, click on the **Add Additional Income** button to continue.

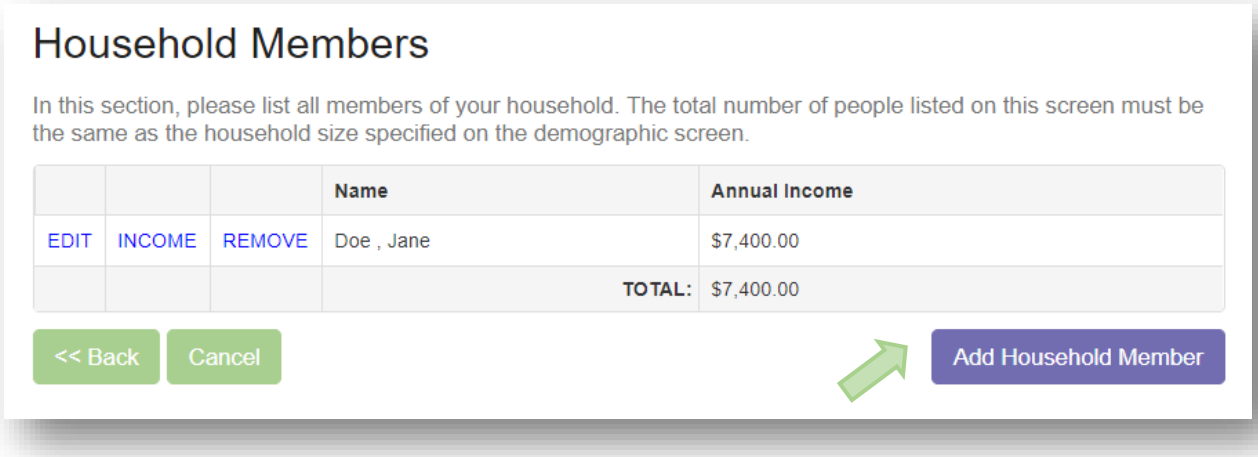


Once all sources of income are entered for this household member, click the **Continue** button under the Household Income Summary.



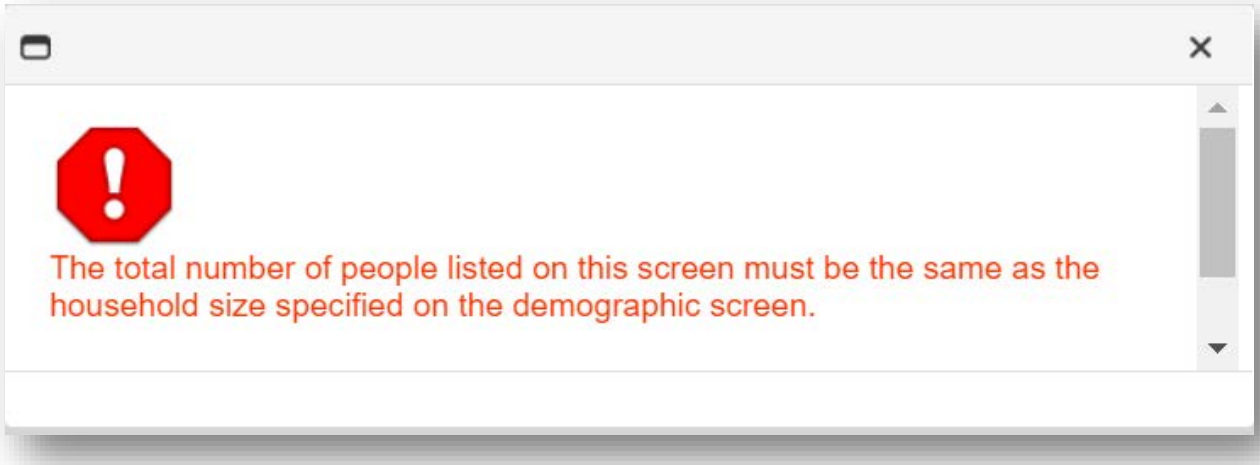
Household Members Summary

Review, Edit or Change as needed. NOTE: The number of Household members listed here must equal the number of Household member in the Demographics section – Step 5. See error message below.

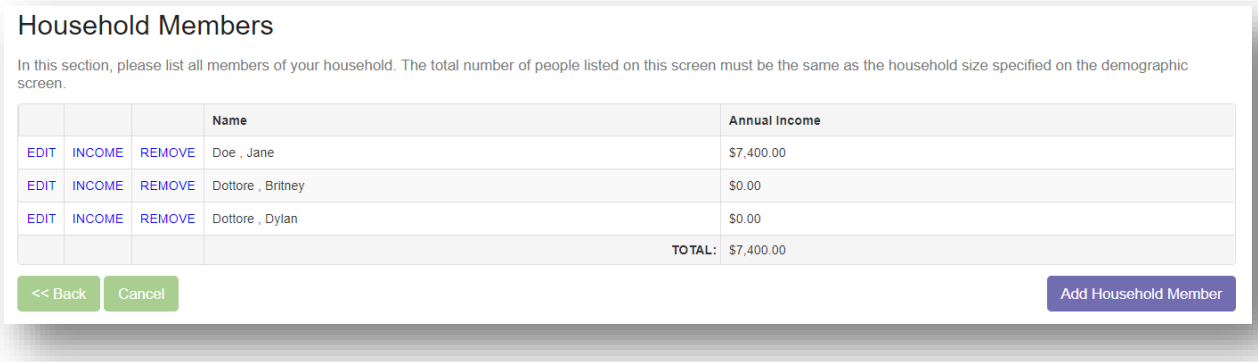


Error Message

You may receive an error message if the total number of Household Members is not equal to the Household size indicated in the Demographics Screen. Continue to add Household Members until the total matches the Household size.

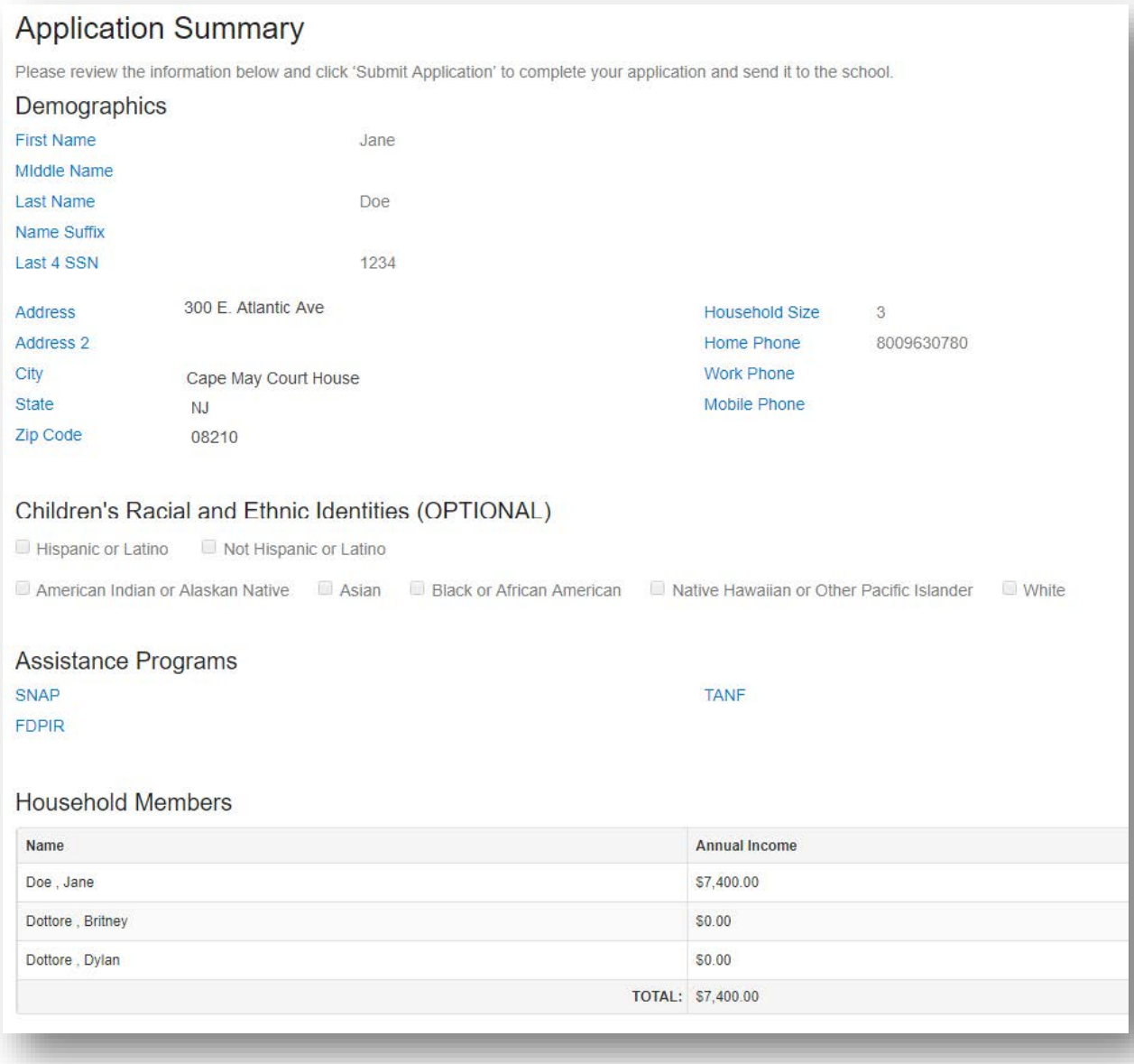


Continue to add Household Members until the number of members listed equals the specified household size in the demographics screen.



Application Summary

Review all the information in the Application. Use the Back button to go back to a previous section to make any necessary changes.



Application Summary

Please review the information below and click 'Submit Application' to complete your application and send it to the school.

Demographics

First Name	Jane
MIddle Name	
Last Name	Doe
Name Suffix	
Last 4 SSN	1234

Address	300 E. Atlantic Ave	Household Size	3
Address 2		Home Phone	8009630780
City	Cape May Court House	Work Phone	
State	NJ	Mobile Phone	
Zip Code	08210		

Children's Racial and Ethnic Identities (OPTIONAL)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Assistance Programs

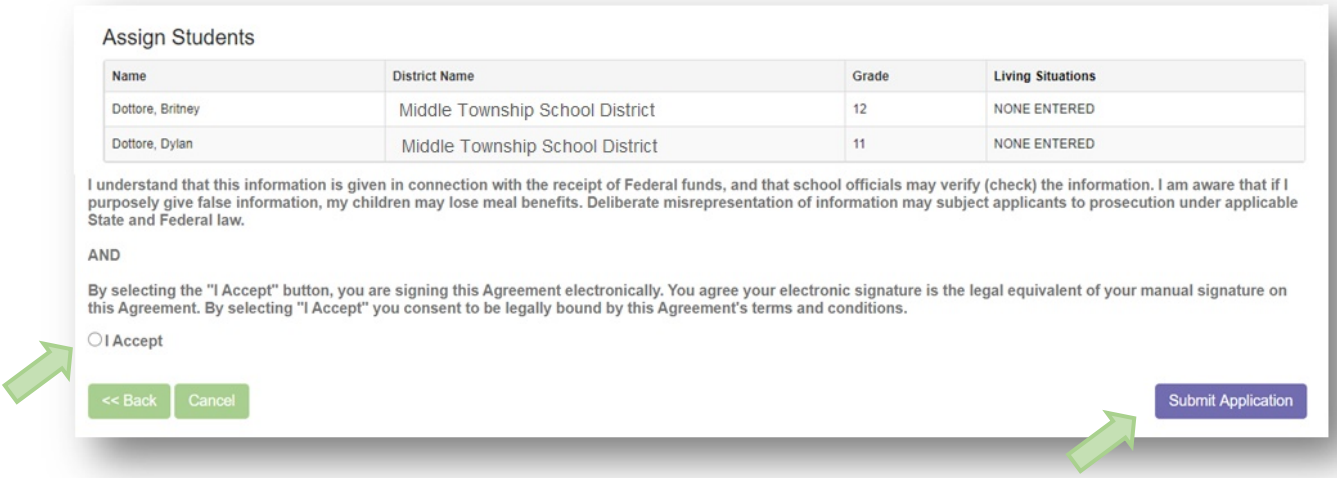
SNAP TANF

FDPIR

Household Members

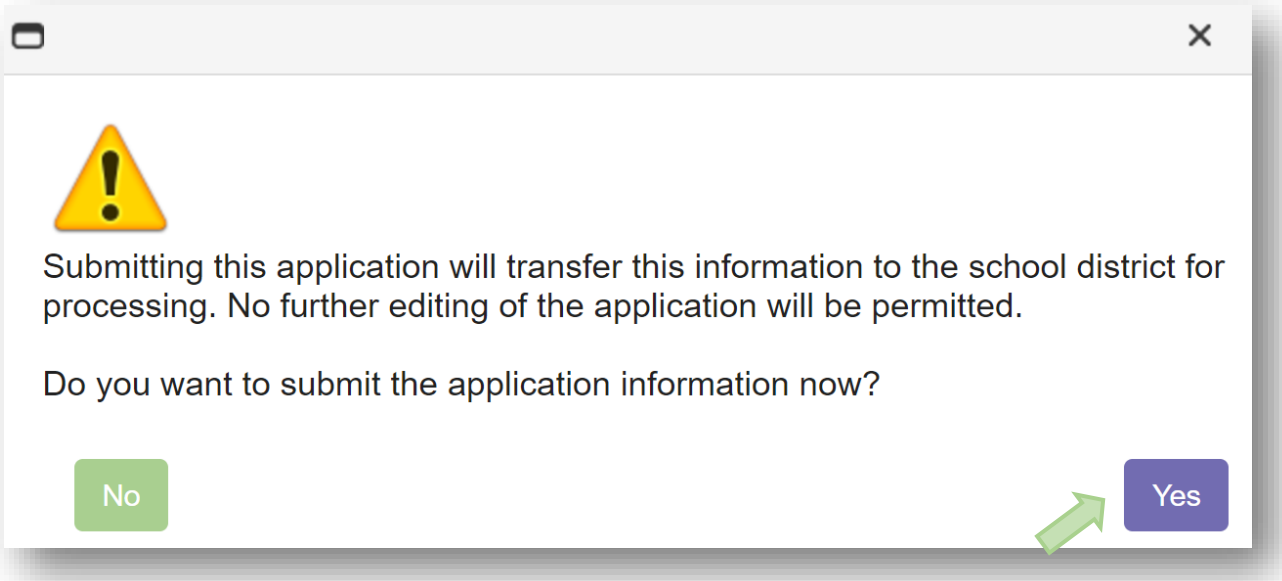
Name	Annual Income
Doe , Jane	$7,400.00
Dottore , Britney	$0.00
Dottore , Dylan	$0.00
TOTAL:	$7,400.00

Submit Application

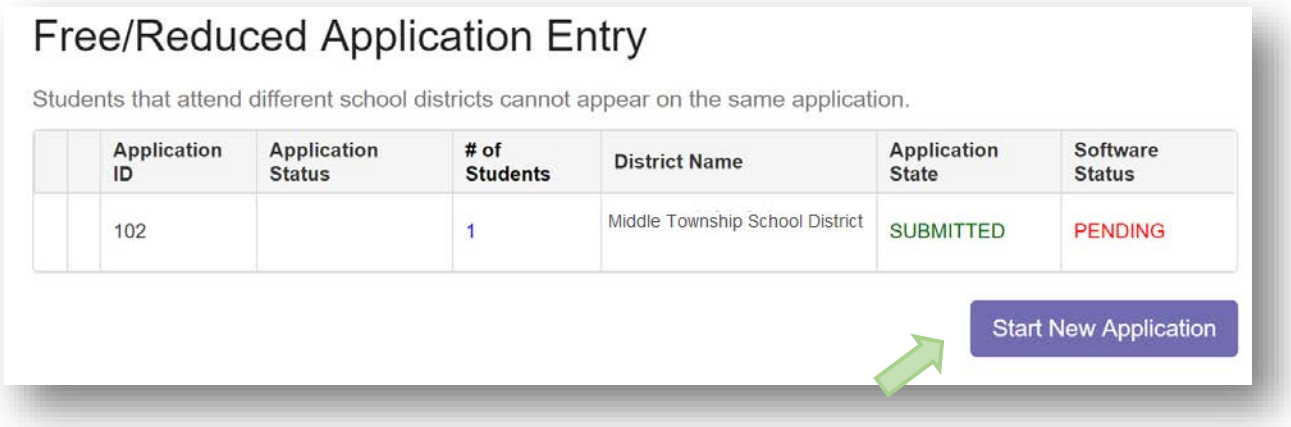


Review all information. Click the "I Accept" radio button to confirm that the information provided is accurate and true to the best of your knowledge. Click the **Submit Application** button to finalize the application and submit it to the school district.

A final screen will be displayed. By clicking the **Yes** button, no further editing will be permitted. Confirm that you wish to submit the application by clicking the **Yes** button.



Application Submitted

A Thank You screen will provide details regarding the next steps. And email indicating the determination for your application should arrive withing24-48 hours. Be sure to check Spam and Junk folders if you do not see this email. Schools will also follow up with a written letter sent by Email or US Postal Services.

Return to this section to see any updates in Status.