



# **Online Free and Reduced Applications**

**Screen by Screen  
Middle Township  
School District**

## Creating a New Account


Select Language

English


▼

Save

**LunchTime**  
CAFETERIA DATA MANAGEMENT



Online Free/Reduced Application Entry



Register

OR

Sign In

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## Demographic Information



### Online Free/Reduced Application Entry

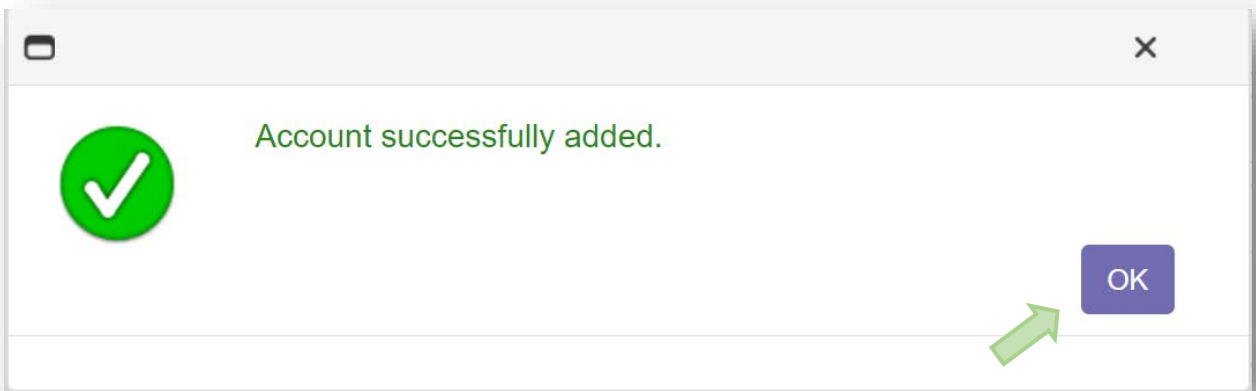
#### Register

\* denotes required field

First Name*	<input type="text" value="I"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Name Suffix	<input type="text"/>
Email Address*	<input type="text"/>
Password* (must be 6 characters)	<input type="password"/>
Confirm Password*	<input type="password"/>
Last 4 SSN*	<input type="text"/>
No SSN	<input type="checkbox"/>
Address*	<input type="text"/>
Address 2	<input type="text"/>

Household Size*	<input type="text" value="0"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
<input type="button" value="Cancel"/>	<input type="button" value="Register"/>





## 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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## Privacy Statement:

### Privacy Statement



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.

## Online Free and Reduced Application Help

 Online Free/Reduced Application Help 

Please contact your School/School District with questions about the following items:

- Not being able to add a student to your account. LunchTime Software will not be able to provide you with any of the following values needed to add a student to your account:
  - First Name
  - Last Name
  - Date of Birth
  - Student ID Number
- Questions regarding the final determination of eligibility.

You may contact LunchTime Software Support with questions regarding the following items:


- Creating an account
- Login issues
- Questions on how to use the website

Please be aware that LunchTime Support is only available in English. You can contact LunchTime Support by email at [mealapp@lunchtimesoftware.com](mailto:mealapp@lunchtimesoftware.com) or by calling 1-800-963-0780 and pressing option 3.



## Adding Students

Logged in as Jane Doe | Log Out



Online Free/Reduced Application Entry

### Locate Your Student

To add a student to your account, first start by entering the zip code of the school your student attends.

#### School Search

School Zip Code

08210

Cancel

Continue

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

### Locate Your Student

Click the **SELECT** link next to the school your student attends.

#### Select School

	School	City	State	Zip Code
<a href="#">SELECT</a>	Elementary School #1	Cape May Court House	NJ	08210
<a href="#">SELECT</a>	Elementary School #2	Cape May Court House	NJ	08210
<a href="#">SELECT</a>	Middle School	Cape May Court House	NJ	08210
<a href="#">SELECT</a>	High School	Cape May Court House	NJ	08210
<a href="#">SELECT</a>	Costal Prep	Cape May Court House	NJ	08210

Start Over

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

### Locate Your Student

Student Information


[School](#) Middle Township High School

[First Name](#)

[Last Name](#)

[Start Over](#) [Continue](#)

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


### Locate Your Student

Click the **SELECT** link next to the student you wish to add to your account.

#### Confirm Student

	Name	Grade
<a href="#">SELECT</a>	Dottore, Dylan	11

[Start Over](#)



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

# New Application

## Free/Reduced Application Entry

Students that attend different school districts cannot appear on the same application.

	Application ID	Application Status	# of Students	District Name	Application State	Software Status
No Applications						

Start 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.

### Demographics

*\* denotes required field*

Application ID

New Application

First Name\*

Jane

Middle Name

L.

Last Name\*

Doe

Name Suffix

Last 4 SSN\*

9934

No SSN

☐

Address\*

300 E. Atlantic Ave

Address 2

City\*

Cape May Court House

State\*

NJ

Zip Code\*

08210

Household Size\*

3

Home Phone

856-555-1212

Work Phone

Mobile Phone

<< Back

Cancel

Continue

## Children's Racial and Ethnic Identities (OPTIONAL)

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

### Children's Racial and Ethnic Identities (OPTIONAL)

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 (check one):

☐ Hispanic or Latino    ☐ Not Hispanic or Latino

Race (check one or more):

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

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Cancel

Continue

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## Assistance Programs

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

### Assistance Programs

If anyone in your household participates in SNAP, TANF, or FDPIR, all students on your application are eligible to receive free meals.

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 regardless of age or whether they earn or receive income.

If anyone in your household (including you) currently participates in any of the following programs, please select one or more of the checkboxes below. If not, press **CONTINUE**.

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Temporary Assistance for Needy Families (TANF)

☐ Food Distribution Program on Indian Reservations (FDPIR)

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Cancel

Continue

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.

### Assign Students

Click the [SELECT](#) link next to the student you wish to add to this application. When completed, click Continue.



	Name	District Name	Grade
<a href="#">SELECT</a>	Dottore, Britney	Middle Township School District	12
<a href="#">SELECT</a>	Dottore, Dylan	Middle Township School District	11

## 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.

### Students on this Application

For special living situations that may exist for a student (e.g. Foster Child, Homeless, Migrant, Runaway etc.), click the [EDIT](#) link next to the student you wish to modify.



		Name	District Name	Grade	Living Situations
<a href="#">EDIT</a>	<a href="#">REMOVE</a>	Dottore, Britney	Middle Township School District	12	NONE ENTERED
<a href="#">EDIT</a>	<a href="#">REMOVE</a>	Dottore, Dylan	Middle Township School District	11	NONE ENTERED

[<< Back](#)[Cancel](#)[Continue](#)

## Living Situations

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

### Living Situations

**Name** Dottore, Dylan

[Living Situations](#)

☐ Foster Child


☐ Homeless

☐ Migrant

☐ Runaway

[<< Back](#)

[Update Student](#)



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.

**Online Free/Reduced Application Entry**

### Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

	Name	Annual Income
❗ No Household Members		


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Cancel

Add Household Member

Click continue to advance to the Student Selection part of the application.

Continue



## 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.

### Household Member Information

*\* denotes required field*

First Name\*

Middle Name

Last Name\*

Name Suffix

Last 4 SSN

<< Back

Save Household Member





## 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.

### Income Information

**Name** Doe, Jane

Enter the income amount, frequency and type for this household member. If this household member does not have any income to report, enter 0.00.

**Income**


**Frequency**

- ☒ Once a Year
- ☐ Monthly
- ☐ Twice Per Month
- ☐ Every Two Weeks
- ☐ Weekly

**Type**

- ☒ Work Earnings Amount
- ☐ Self Employed Income
- ☐ Welfare, Child Support, Alimony
- ☐ Pensions, Retirement, Social Security
- ☐ Other Income

[Cancel](#) [Save Income](#)



## Additional Income Sources

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


### Income Information

**Name** Doe, Jane

Income for the selected household member is shown below. Click "Add Additional Income" to enter a new source of income for this household member.

	Income	Frequency	Type
<a href="#">REMOVE</a>	\$250.00	Every Two Weeks	Work Earnings Amount

[Add Additional Income](#)



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

## Household Income Summary

Click Continue to return to the Income Summary screen.

Continue

### 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.**

## Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

			Name	Annual Income
EDIT	INCOME	REMOVE	Doe , Jane	\$7,400.00
TOTAL:				\$7,400.00

<< Back

Cancel

Add Household Member

### 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.

!

The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

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

## Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

			Name	Annual Income
<a href="#">EDIT</a>	<a href="#">INCOME</a>	<a href="#">REMOVE</a>	Doe , Jane	\$7,400.00
<a href="#">EDIT</a>	<a href="#">INCOME</a>	<a href="#">REMOVE</a>	Dottore , Britney	\$0.00
<a href="#">EDIT</a>	<a href="#">INCOME</a>	<a href="#">REMOVE</a>	Dottore , Dylan	\$0.00
			<b>TOTAL:</b>	\$7,400.00

[<< Back](#)[Cancel](#)[Add Household Member](#)

## 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  
Address 2  
City Cape May Court House  
State NJ  
Zip Code 08210

Household Size 3  
Home Phone 8009630780  
Work Phone  
Mobile Phone

#### 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
<b>TOTAL:</b>	<b>\$7,400.00</b>

## Submit Application

Assign Students

Name	District Name	Grade	Living Situations
Dottore, Britney	Middle Township School District	12	NONE ENTERED
Dottore, Dylan	Middle Township School District	11	NONE ENTERED

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. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.

AND


By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

☐ I Accept

[<< Back](#) [Cancel](#) [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.



Submitting this application will transfer this information to the school district for processing. No further editing of the application will be permitted.

Do you want to submit the application information now?

[No](#) [Yes](#)

## Application Submitted

A Thank You screen will provide details regarding the next steps. And email indicating the determination for your application should arrive within 24-48 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.

## Free/Reduced Application Entry

Students that attend different school districts cannot appear on the same application.

	Application ID	Application Status	# of Students	District Name	Application State	Software Status
	102		1	Middle Township School District	SUBMITTED	PENDING

[Start New Application](#)