

Paso 1: inicie sesión en Genesis Parent Access. Vaya a "Formularios" y haga clic en "Aplicar"

Summary Assessments Attendance Grading Documents Forms School Information

S SELECT STUDENT: [dropdown]

### Forms Library

Today is 8/14/2018

These are the online forms that are available for [dropdown].

#### Online Lunch Application

**LUNCH APPLICATION STATUS**

No application has been submitted

Paso 2: sección "Antes de comenzar" que incluye preguntas frecuentes, precios del almuerzo e información de contacto

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

## Lunch Application - Before you Begin

Welcome to the Hackensack Public Schools online Lunch Application.

If you prefer to submit a paper application please see your schools 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, and 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;

Paso 3: Una vez que llegue al final de la página, haga clic en "Acepto los términos y servicios" y aparecerá el botón "Aceptar y continuar".

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW


Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

I Agree to terms and services:

 Accept and Continue

Paso 4: Niños: esta sección incluye a todos los niños vinculados a su cuenta de acceso para padres. Confirme la información y haga clic en "Guardar y continuar"

N

APPLICATION - 2 - CHILDREN

APPLICATION - 3 - INCOME

APPLICATION - 4 - SUMMARY

### Lunch Application Students in Household

STUDENT	GRADE	SCHOOL	FOSTER	HOMELESS	MIGRANT	RUNAWAY	IS IN HOUSEHOLD
	02	Fairmount School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12	Hackensack High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	06	Hackensack Middle School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	01	Fairmount School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Other Children in Household

NAME	FOSTER	HOMELESS	MIGRANT	RUNAWAY
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[+ 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:	<input type="checkbox"/>
<b>Choose one or more race (regardless of ethnicity)</b>	
Asian:	<input type="checkbox"/>
Black or African American:	<input type="checkbox"/>
American Indian or Alaskan Native:	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander:	<input type="checkbox"/>
White:	<input type="checkbox"/>

### Assistance Program Participation

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR?

If Yes, enter Case Number here:

Additional information for your school district:

[← Back](#)

[✔ Save and Continue](#)

**Paso 5- Ingresos: en esta sección, ingrese la información de sus ingresos. Una vez que complete esta parte, haga clic en "Guardar y continuar"**

### Lunch 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. i

STUDENTS INCLUDED IN APPLICATION		INCOME	FREQUENCY
[Redacted]	Fairmount School	\$ 0.00	<input type="text"/>
	Hackensack High School	\$ 0.00	<input type="text"/>
	Hackensack Middle School	\$ 0.00	<input type="text"/>
	Fairmount School	\$ 0.00	<input type="text"/>

#### All Other Household Members (including non-earners)

NAME	WORK <span style="color: green;">i</span>		WORK 2		ASSISTANCE <span style="color: green;">i</span>		OTHER <span style="color: green;">i</span>	
	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY	INCOME	FREQUENCY
<input type="text"/>	\$ 0.00	<input type="text"/>	\$ 0.00	<input type="text"/>	\$ 0.00	<input type="text"/>	\$ 0.00	<input type="text"/>

+ 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):	4
<p>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.</p>	

← Back
✓ Save and Continue

## Paso 6- Resumen

### Lunch Application Summary

#### Students

STUDENTS INCLUDED IN APPLICATION	FOSTER	HOMELESS	MIGRANT	RUNAWAY	
	Fairmount School	No	No	No	No
	Hackensack High School	No	No	No	No
	Hackensack Middle School	No	No	No	No
	Fairmount 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										
	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	Annually
Students										
	\$0.00								\$0.00	Annually
	\$0.00								\$0.00	Annually
	\$0.00								\$0.00	Annually
	\$0.00								\$0.00	Annually
	\$0.00								\$0.00	Annually
Total:									\$0.00	Annually

#### Household Size

Total Household Members (Adults and Children): 5

#### Children's Racial and Ethnic Identities

Hispanic or Latino:	No
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:	<input type="checkbox"/>

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:

← Back

Haga clic en "Marque esta casilla para certificar" y aparecerá un botón de envío.

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:

[← Back](#)

[✔ Submit](#)

Una vez que se envía la solicitud, el estado de la solicitud se vuelve visible.

## Forms Library


Today is 8/14/2018

These are the online forms that are available for  .

### Online Lunch Application

#### LUNCH APPLICATION STATUS

Your application is pending

 Print