Filling Out FARMS Forms

Llenando Los Formularios de Almuerzo/Desayuno Gratis

<mark>Website</mark> Pagina Electronica



Go to https://www.myschoolapps.com/

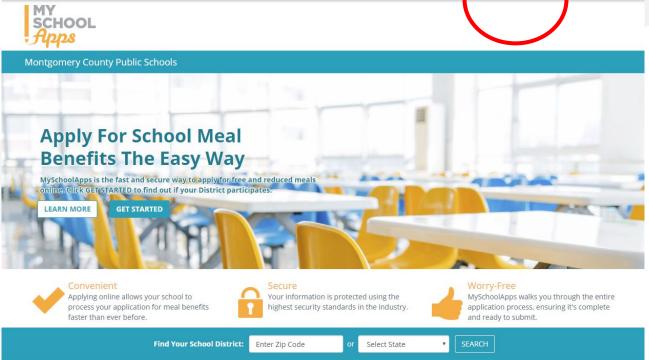
Vaya a la pagina https://www.myschoolapps.com/

SCAN HERE ESCANEAR AQUÍ

How to Pick the Language Cómo Elegir el Idioma

Choose here Elige aquí

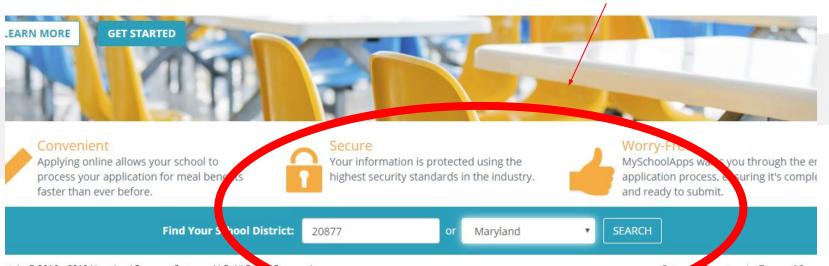




Enter School Information

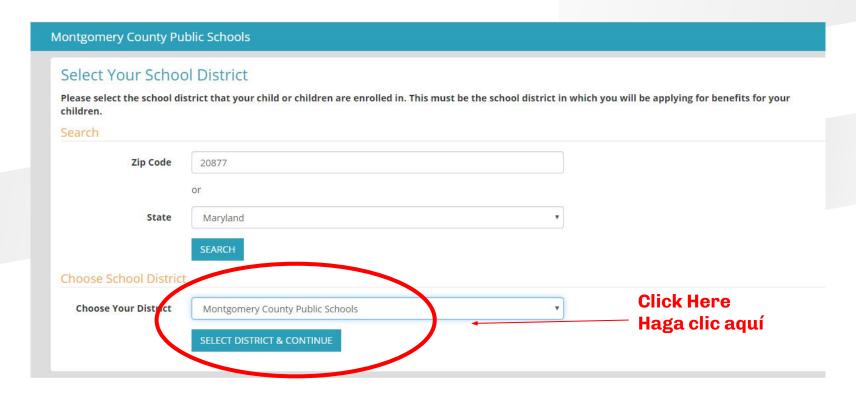
Ingrese la información de la escuela

School Zip Code & State and click Search Código postal y estado de la escuela y haga clic en Buscar



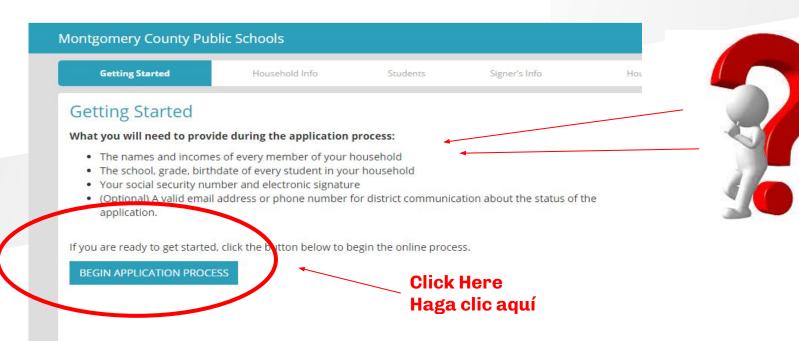
Choose Montgomery County Public Schools

Elija las escuelas públicas del condado de Montgomery



Beginning the Application

Comenzando la aplicación



Click & Start ... Haga Clic y Comience ...

Getting Started

Household Info

Students

Signer's Info

House

MySchoolApps.com Terms of Use

In order to get started, please read the agreement printed below carefully then check the box to agree to the terms.

Any access to and use of the www.myschoolapps.com website and its pages (the "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 Heartland School Solutions (this "Agreement"). As a condition of use of the Site you must read and understand, and agree to the Terms and this Agreement. You will be asked to agree during the application process. Further, each time you access the Site you are again acknowledging and agreeing to the Terms and this Agreement, as they may be amended from time to time and as they are in effect each time you access the Site.

¥ TERMS OF USE ¥

☑ I have read and agree to the above terms

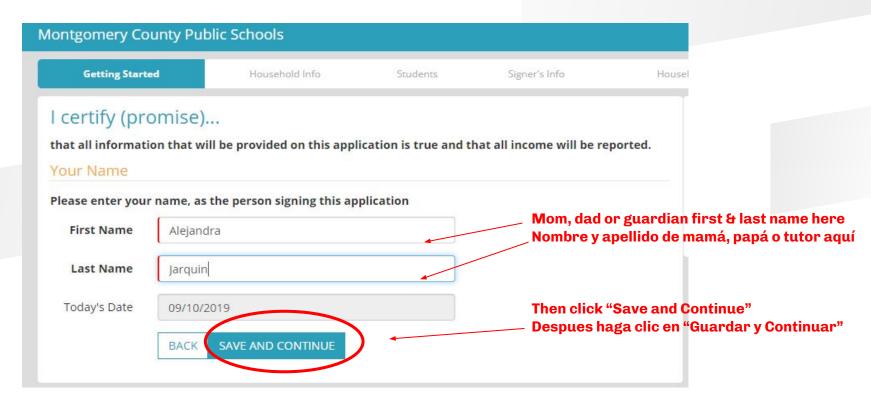
I DECLINE | LAGREE TO THE TERMS



Check the box & click here
Marque la casilla y haga clic aquí

Enter Parent or Guardians Informations Here

Ingrese la información de los padres o guardianes aquí



Basic Information *Información Básica*

You will find the eligibility information here. Read and click "CONTINUE" when ready.

Encontrará la información de elegibilidad aquí. Lea y haga clic en "CONTINUAR" cuando esté listo.

Application Instructions

Dear Parent/Guardian:

Children need healthy meals to learn. **Montgomery County Public Schools** offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. The following table shows meal prices for the schools in your district.

Meal Costs For Montgomery County Public Schools

Category	Breakfast Prices		Lunch Prices	
	Full	Reduced	Full	Reduced
Elementary	\$1.30	\$0.00	\$2.55	\$0.30
MIddle/High Schools	\$1.30	\$0.00	\$2.80	\$0.30

Application Guidelines And Frequently Asked Questions

Below are the application instructions provided by Montgomery County Public Schools that outline the application guidelines and procedure. Please review these guidelines/instructions before proceeding.

▶ Frequently Asked Questions

2019-2020 USDA Income Eligibility Guidelines

In order to qualify for meal benefits your household income must be within the limits defined by the 2019-2020 SY USDA Income Eligibility Guidelines.

Total Family Size	Annually	Monthly	Weekly
1	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
Each add'l person	\$8,177	\$682	\$158

If you have any questions or need additional help, contact Montgomery County Public Schools

BACK CONTINUE

Household Information

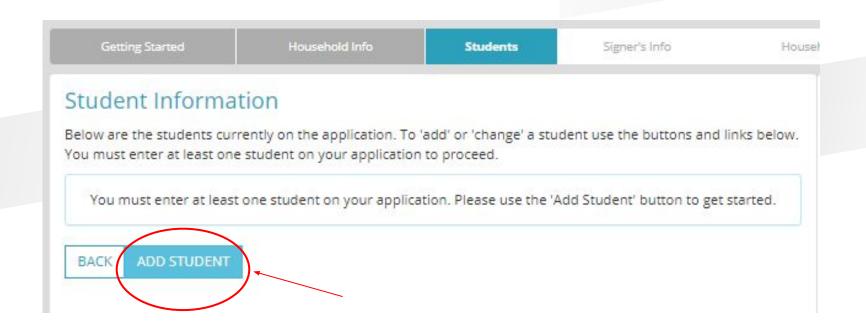
Información de la unidad familiar

Household	Information		number (it is a 9-digit number).
Household Ca	ise Numbers		Si su familia recibe beneficios,
Please enter the c	ase numbers of the household (if appl	licable) for which you are applying for meal benefi	
Household rece	eives Food Supplement Program (FSP)	benefits.	de beneficio (es un número de 9
Household received	eives Temporary Cash Assistance (TCA	i) benefits.	dígitos).
Household doe	es not receive such benefits.		
Address Inform	mation		
Please enter the a required.	address of the household for which you	u are applying for meal benefits. Fields in bold ar	e
Address			
Address Line 2			
City	Gaithersburg		Fill in student's address and click "SAVE AND CONTINUE"
State	Maryland	▼	- Llana la dinaggión del alumno y baga
Zip Code	20878		Llene la dirección del alumno y haga clic en "GUARDAR Y CONTINUAR"
	BACK SAVE AND CONTINUE	4	

If your family receives benefits, select here and enter the benefit

Enter Student Information

Ingrese la información del estudiante



Student Information

Información del estudiante

Fill in <u>ALL</u> the information then click "SAVE AND CONTINUE".

Complete <u>TODA</u> la información y después haga clic en "GUARDAR Y CONTINUAR"

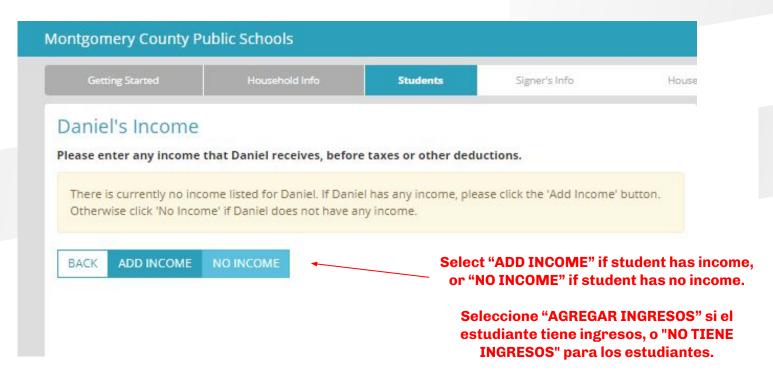
You HAVE to choose Yes or No for the foster child option.

TIENE que elegir si o no para la opción de padres adoptados

Student Information: Add Student Please enter the information for the student below. Fields in bold are required. Add Student to Application First Name Middle Initial Last Name Suffix Birthdate mm/dd/yyyy (e.g. 01/31/2011) Male Female Gender Foster Child Yes No Student Number School Other or N/A Grade (choose) SAVE AND CONTINUE BACK

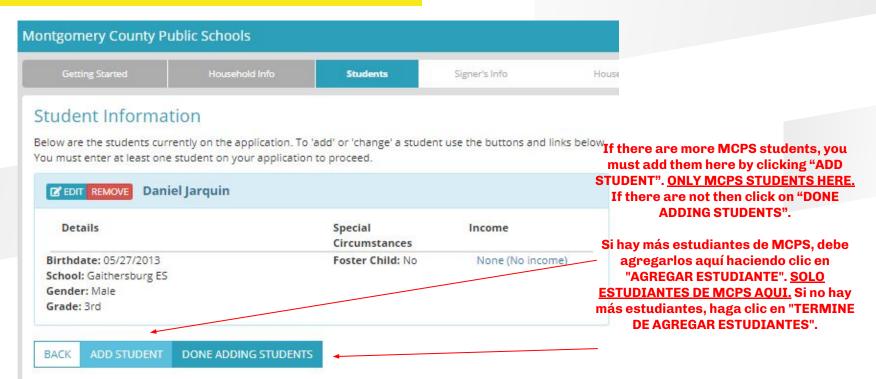
Student's Income

Ingresos del estudiante



Additional Students

Estudiantes adicionales



Adding all other children that don't attend MCPS Incluyendo todo los ninos que no asisten MCPS





Add ALL other children in the household.

Agregue
TODOS los
demás niños
del hogar que
no asisten a
MCPS.

Parent/Guardian Information

Información del padre/guardian

Application	Signer Information	
	information, as the person who will be signing this application. This mustipated minor child. Fields in bold are required.	t be a responsible adult
Your Name		
	r name, as the person signing this application isted myself on this application	If mom, dad or guardian have a Social Security Number, please enter the LAST four digits here. If
First Name	Alejandra	they do not have a Social Security Number check the box. Then click "SAVE AND CONTINUE".
Last Name	Jarquin	Si mamá, papá o guardian tienen un seguro social, ingrese los ÚLTIMOS cuatro dígitos aquí. Si no
Your SSN		tienen un número de seguro social, haga clic en el cuadro. Luego haga clic en "GUARDAR Y
Last 4 Of Your Social Security Number (SSN)	I do not have a Social Security Number	CONTINUAR".
	BACK SAVE AND CONTINUE	

Check Again...

Revise una vez mas...

Household Information: Edit Household Member

Please enter the information for the household member below. Fields in bold are required.

First Name	Alejandra	Make su
Middle Initial		informatio
Last Name	Jarquin	Asegúrese d
Suffix		papá o tutor en "G
	BACK SAVE AND CONTINUE	

Make sure mom, dad or guardian's information is correct then click "SAVE AND CONTINUE".

Asegúrese de que la información de mamá, papá o tutor sea correcta y luego haga clic en "GUARDAR Y CONTINUAR".

Parent/Guardian Income

Ingresos del padre/guardián

Alejandra's Income

Please enter any income that Alejandra receives, before taxes or other deductions.

There is currently no income listed for Alejandra. If Alejandra has any income, please click the 'Add Income' button. Otherwise click 'No Income' if Alejandra does not have any income.

If mom, dad or guardian have an income click "ADD INCOME". If not, click on "NO INCOME".

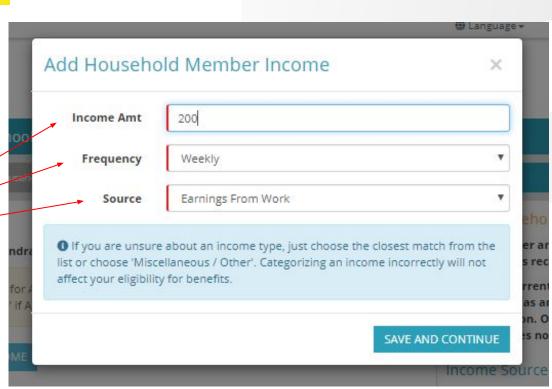
Si mamá, papá o guardian tienen un ingreso, haga clic en "AGREGAR INGRESOS". Si no tienen ingresos, haga clic en "NO TIENE INGRESOS".

Add Income

Agregar ingresos

Enter mom, dad or guardian's income. Then select frequency to choose how often they earn that and what the source of their income is.

Ponga los ingresos de mamá, papá o guardian. Luego seleccione la frecuencia para elegir con qué frecuencia ganan eso y cuál es la fuente de sus ingresos.

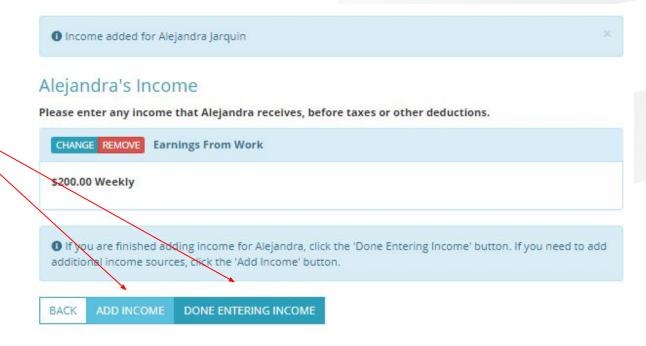


Additional Income

Ingreso Adicional

If mom, dad or guardian have more than one job then click "ADD INCOME". If not, then click "DONE ENTERING INCOME".

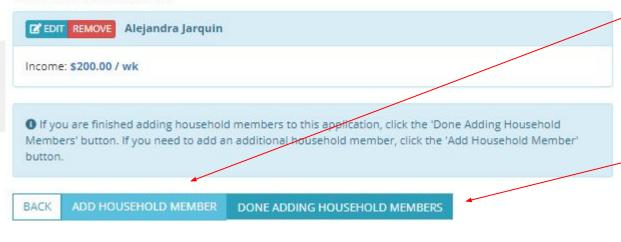
Si mamá, papá o guardián tienen más de un trabajo, haga clic en "AGREGAR INGRESOS". Si no, haga clic en "TERMINE DE AGREGAR INGRESOS".



Household Members *Miembros del hogar*

Non-Student Household Member Information

Below are the non-student household members currently on the application. To add or edit a person, use the buttons and links below.



This is where you add all the other DIRECT household members as long as they are not in MCPS schools (i.e. mom, dad, stepmom, stepdad, little brothers, or little sisters).

Aquí es donde se agregan todos los demás miembros DIRECTOS del hogar siempre que no estén en las escuelas de MCPS (por ejemplo: mamá, papá, madrastra, padrastro, hermanitos o hermanitas).

Other Information

Otra Información

Fill in parent/guardian email (if they have one) and phone number. Then select ethnicity of student.

Complete el correo electrónico de los padres/guardianes (si tienen uno) y el número de teléfono. Luego seleccione el origen étnico del estudiante.

Miscellaneous Information

Please enter the information requested below

Contact Information

Contact Information	
Email Address	alejandrajarquin@gmail.com
Confirm Email Address	alejandrajarquin@gmail.com
Primary Phone	301-300-1234
Secondary Phone	
nformation Dis	closure
Application does want your school 'No' below.	roll your children (Filling out the Free and Reduced Price School Meals not automatically enroll your children in health insurance). If you do not district to share your information with Medicaid or SCHIP, please select o
Ethnicity (Option	nal)
Enter any/all of your	children's ethnic identities. This section is optional.
hoose one of the f	ollowing:
Hispanic/Latino	■ Not Hispanic/Latino
Thoose any of the f	ollowing that apply (regardless of choice above)
Asian	☐ White ☐ Black or African-American
American Indian Alaska Native	Native Hawaiian or other Pacific Islander
BACK SAVE AN	D CONTINUE

Review & Sign Revisar y firmar

Review & Sign Your Application

Please review the information you have entered below. If everything looks correct, you can sign your application by checking the box and typing your full name.

Signer's Information

Signer's Name

Signer's Status

Alejandra Jarquin

Adult Signer does not have a SSN

CHANGE SIGNER INFO

I, Alejandra Jarquin, certify that 2 people are in my household and that our household income is about \$200.00 Weekly.

To sign this application, type your full name Alejandra Jarquin

(Note: According to the information you provided, you should sign this application as Aleiandra Jarquin)

SUBMIT MY APPLICATION

Review the information entered. Scroll down and click the box and sign with the parent/guardian name.

Revise la información ingresada. Desplácese hacia abajo y haga clic en el cuadro y firme con el nombre del padre/guardián.