



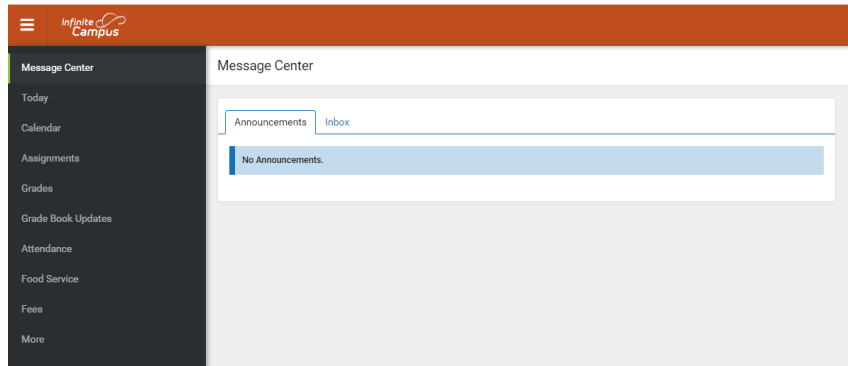
Online Meal Benefits Application Instructions

1. Visit www.athlosbrooklynpark.org and click on the “Parent Portal” link at the top of the page

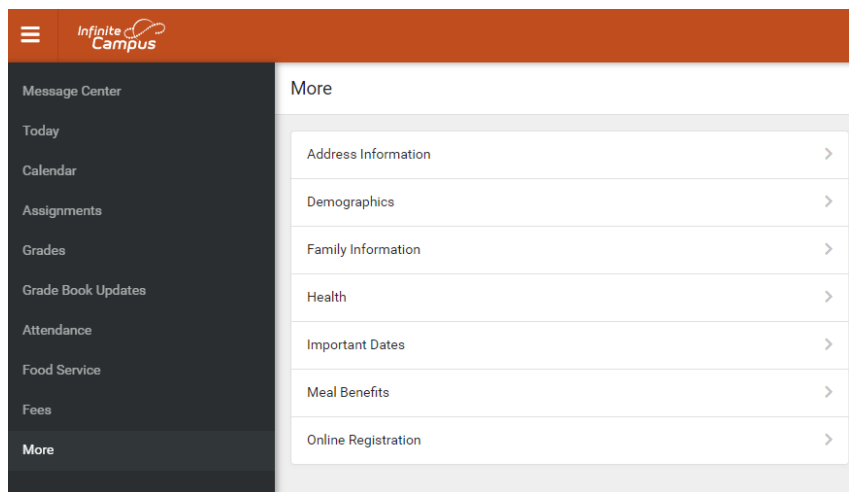


2. Login to your Parent Portal account (If you do not have an account please contact the school front office)

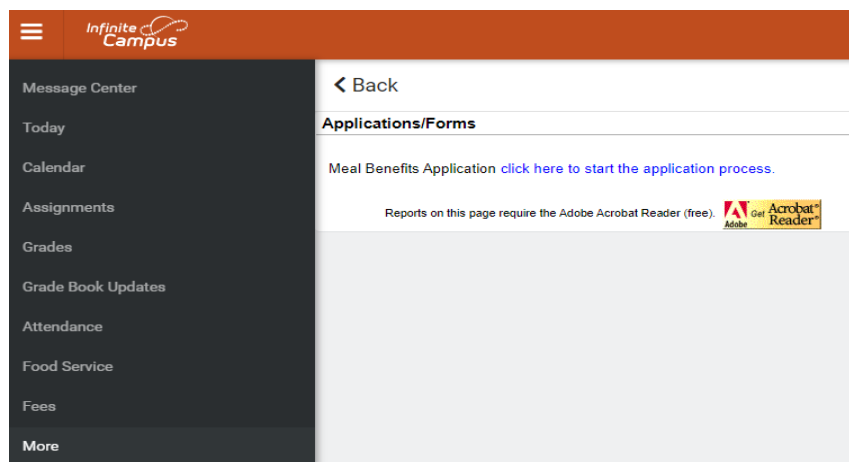
3. Once logged in, click on **More** on the left navigation



4. Click on **Meal Benefits**



5. Click on **Start Application Process**



6. Create an E-Signature pin

E-Signature [X]

You do not have an E-Signature PIN.

Athlos Leadership Academy has adopted the use of electronic signatures for some documents. By registering and creating your electronic signature PIN you will be able to apply your signature electronically to some documents the district publishes that require your signature. Registration is easy to complete and takes less than 5 minutes. Once registered, documents or applications that accept an E-Signature may also give you the option to not use your electronic signature and instead print the document, sign, and submit the paper form. Not all documents or applications will require a PIN. Would you like to continue with the registration process?

E-Signature [X]

Create your PIN [?]

PIN

Re-enter PIN

Password

7. Review the *Letter to Household*

Meal Benefits Application [X]

Letter to Household > Instructions > Signer Confirmation > Household Members > Children > Gross Income > Review > Authorization > Submitted

Letter to Household contains important information you will need during the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue or 'Quit' to stop.

letterToHousehold.fop 1 / 4 33%

Quit Next Timeout 59:36

8. Review *Application Instructions*

Meal Benefits Application [X]

Letter to Household > **Instructions** > Signer Confirmation > Household Members > Children > Gross Income > Review > Authorization > Submitted

Application Instructions will help guide you through the application process. You may print a PDF of this letter by selecting the print icon. Select 'Next' to continue.

applInstructions.fop 1 / 3 25%

Previous Next Timeout 59:51

9. Review *Signer Confirmation*

- a. This page acknowledges that you, the parent/guardian are the person signing the online application

Meal Benefits Application

Letter to Household > Instructions > **Signer Confirmation** > Household Members > Children > Gross Income > Review > Authorization > Submitted

Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Quit' if you are not this person or if you do not wish to continue.

Jane Doe you have been identified as the household member signing this Meal Benefits Application.

You are applying for meal benefits for all household members living at the address below. If the address is incorrect, please contact your child(ren)'s school to request a change.

Primary Address:
10100 Noble Parkway
Brooklyn Park, MN 55443

Timeout 59:46

10. Review *Household Members*

- a. You must confirm each person in the household by selecting the checkbox next to their name

Meal Benefits Application

Letter to Household > Instructions > **Signer Confirmation** > **Household Members** > Children > Gross Income > Review > Authorization > Submitted

Household Members are listed below.

****You must confirm each person living in your household by selecting the check box next to their name.****

If a person listed below is no longer living in your household, do not check the box next to their name. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household

Name	Gender	DOB	School	Grade
<input checked="" type="checkbox"/> Doe, Jane	F	02/01/1980		
<input type="checkbox"/> Doe, Jan	F	08/02/2009	Athlos Leadership Academy	05
<input type="checkbox"/> Doe, Jake	M	08/27/1982		
<input type="checkbox"/> Doe, Jill	F	11/17/2011	Athlos Leadership Academy	02
<input type="checkbox"/> Doe, Jeff	M	01/10/2017		
<input type="checkbox"/> Doe, Joe	M	07/15/2013	Athlos Leadership Academy	01

If you need to add additional household members click here.

Timeout 59:12

11. Review **Benefits**

- a. You must select Yes or No indicating if you receive SNAP, MFIP, etc.

Meal Benefits✕

Do any household members receive benefits? (SNAP, TANF, or FDPIR)

12. Review **Children in the Household**

- a. You must select the checkbox next to each child's name that is age 18 or younger

Meal Benefits Application✕

Letter to HouseholdInstructionsSigner ConfirmationHousehold MembersChildrenGross IncomeReviewAuthorizationSubmitted

Child Members of the household must be confirmed by selecting the check box next to their name. Children are those members age 18 or under AND are supported with the household's income. After you have identified each child member, select 'Next'.

Name	Gender	DOB	School	Grade
<input type="checkbox"/> Doe, Jane	F	02/01/1980		
<input checked="" type="checkbox"/> Doe, Jan	F	08/02/2009	Althos Leadership Academy	05
<input type="checkbox"/> Doe, Jake	M	08/27/1982		
<input checked="" type="checkbox"/> Doe, Jill	F	11/17/2011	Althos Leadership Academy	02
<input checked="" type="checkbox"/> Doe, Jeff	M	01/10/2017		
<input checked="" type="checkbox"/> Doe, Joe	M	07/15/2013	Althos Leadership Academy	01

Timeout
59:51

13. Review **Foster Children**

- a. You must select Yes or No indicating if any of your children are foster children

Foster Children✕

Are any of the students foster children?

14. Review **Homeless, Migrant, Runaway, etc.**

- a. You must select Yes or No indicating if any of your children are homeless, migrant, runaway, etc.

Migrant, Homeless, Runaway, and Head Start Children ✕

Are any of the students Migrant, Homeless, Runaway or Head Start?

No
Yes

15. Add **Household Income**

- a. For each household member, report the total income for each source
- b. If there is no income, select the checkbox under the “No Income” column
- c. If a benefit (SNAP, MFIP, etc.) was selected for any student, income information isnt required

Meal Benefits Application ✕

Letter to Household
Instructions
Signer Confirmation
Household Members
Children
Gross Income
Review
Authorization
Submitted

For each Adult Household Member, report the total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report. Providing your income information may help with the district verification process.

If a Benefit (SNAP, MFIP, etc.) or Student Indicator (Homeless, Runaway, etc.) is selected for any student, income information is not required.

Name	Gender	DOB	No Income	Add Income	Student Indicator	Total Income
Adult Household Members						
Doe, Jane	F	02/01/1980	<input type="checkbox"/>	Add Income		
Doe, Jake	M	08/27/1982	<input type="checkbox"/>	Add Income		
Child Household Members						
Doe, Jan	F	08/02/2009	<input type="checkbox"/>	Add Income		
Doe, Jill	F	11/17/2011	<input type="checkbox"/>	Add Income		
Doe, Jeff	M	01/10/2017	<input type="checkbox"/>	Add Income		
Doe, Joe	M	07/15/2013	<input type="checkbox"/>	Add Income		

Previous
Next

Timeout
59:20

16. Review **Application Information**

- a. Review the information for accuracy
- b. If any information is incorrect, select “Previous” and go back to correct the data

Meal Benefits Application ✕

Letter to Household
Instructions
Signer Confirmation
Household Members
Children
Gross Income
Review
Authorization
Submitted

Review the household information below for accuracy. If any of the information is incorrect, select 'Previous' to go back and correct the data. After household information is reviewed select 'Next' to continue.

Name	Gender	DOB	School	Grade	Benefits	Student Indicator	Total Income
Adult Household Members							
Doe, Jane	F	02/01/1980					\$3,000.00 (Every Two Weeks)
Doe, Jake	M	08/27/1982					No Income
Child Household Members							
Doe, Jan	F	08/02/2009	Athlos Leadership Academy	05			\$0.00
Doe, Jill	F	11/17/2011	Athlos Leadership Academy	02			\$0.00
Doe, Jeff	M	01/10/2017					\$0.00
Doe, Joe	M	07/15/2013	Athlos Leadership Academy	01			\$0.00

Total Household Income: \$3,000.00 (Every Two Weeks)
Total Household Size: 6

Previous
Next

Timeout
59:55

17. Authorization/E-Signature

- You must read and respond to the authorization statement on the screen
- By selecting "Accept", you agree to the statement and will be taken to the E-Signature Pin screen
- You are required to provide the last four digits of your social security number or select the box indicating that you do not have a social security number

The screenshot shows the 'Meal Benefits Application' window with a progress bar at the top indicating the current step is 'Authorization'. The main content area contains the following text:

You must respond to and read the authorization statement below. By selecting 'Accept' you agree to the authorization statement and you will be taken to the Electronic Signature PIN entry screen to submit the application.

By selecting 'Decline' you do not agree to the authorization statement, the application will be cancelled and your information will no longer be available. If you choose to 'Decline' you may enter another application at any time.

Filling out the Meal Benefits Application does not automatically qualify your child to receive other benefits.

Allow my child(ren)'s name and meal eligibility to be shared with staff in charge of Other School Programs. Yes No

I do not wish to share my information with other programs.

Social Security Number
The income section of this application has been filled out. You are required to provide the last four digits of your SSN. Please enter the last four digits of your SSN or mark the "I do not have a SSN" box.
xxxx-xx- I do not have a SSN

Ethnicity (check one)
 Hispanic or Latino
 Not Hispanic or Latino
 No Response

Race (check one or more)
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

At the bottom, there are three buttons: 'Previous', 'Decline', and 'Accept'. A 'Timeout' indicator shows 59:50.

18. Application Confirmation

- Notice of application submitted
- You may print the page for your records
- A submission notice and summary report has been sent to your Parent Portal inbox
- You may quit or close out of the application

The screenshot shows the 'Meal Benefits Application' window with the progress bar indicating the application is 'Submitted'. The main content area contains the following text:

Your application has been submitted. Please print this page for your records. This will include the information you provided on your application. A submission notice and final summary report has also been sent to your Portal Process Inbox. You may 'Quit' or safely close out of the application at this time.

Below this text is a preview of a document titled 'submitSummary.fop' with a page number '1 / 2' and a zoom level of '58%'. The document content includes:

Thank you for submitting your Meal Benefits Application.

Your Reference # is: 2516

You will need this number if you have any questions about your Meal Benefits Application.

Application review may take up to 10 business days. Please do not submit another online or paper application as this may delay processing. You will be notified of the outcome of your application status.

UNTIL YOUR APPLICATION IS PROCESSED, YOU ARE REQUIRED TO PAY FOR YOUR CHILDREN'S SCHOOL MEALS.

If you have any further questions, please contact Athos Leadership Academy School Nutrition at 763-777-8967.

At the bottom, there is a 'Quit' button and a 'Timeout' indicator showing 56:22.