

CLAWSON PUBLIC SCHOOLS

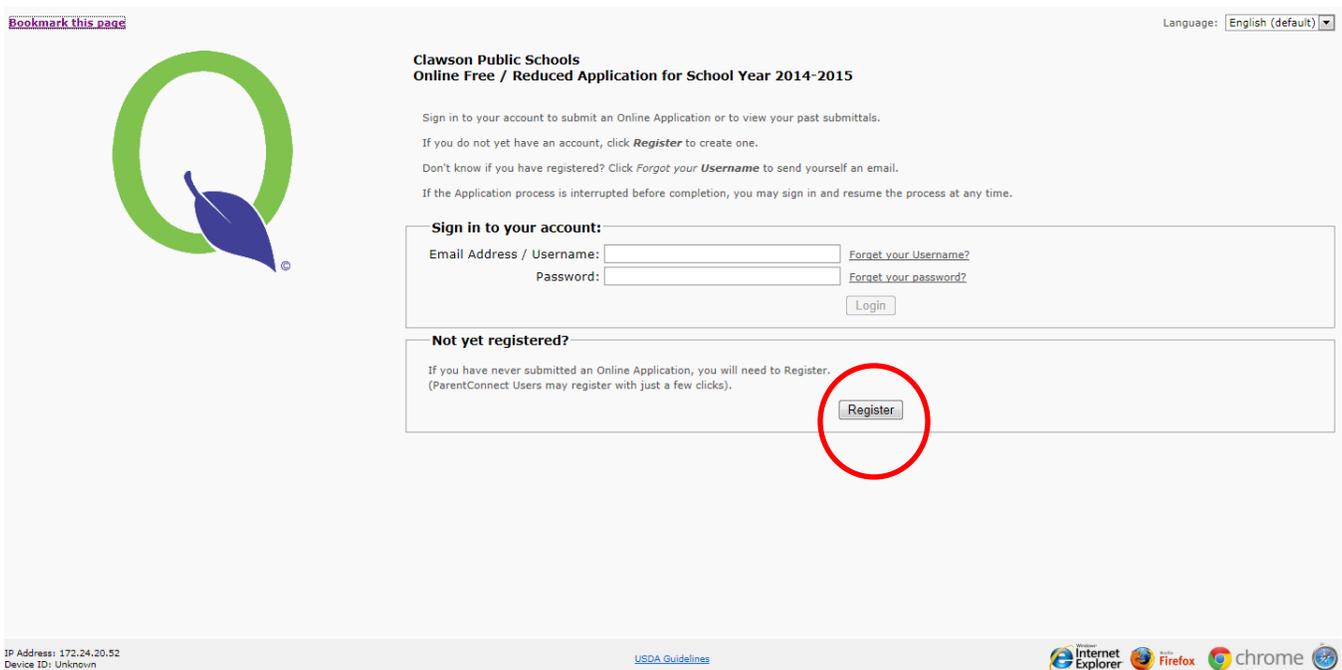
Free and Reduced Online Meal Application Instructions

Welcome to the Clawson Public Schools Free and Reduced Online Meal Application

To begin click this link: <https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Login>

Click **Register** and follow the instructions below.

Login Screen



[Bookmark this page](#) Language: English (default) ▼

Clawson Public Schools
Online Free / Reduced Application for School Year 2014-2015

Sign in to your account to submit an Online Application or to view your past submittals.
If you do not yet have an account, click **Register** to create one.
Don't know if you have registered? Click **Forgot your Username** to send yourself an email.
If the Application process is interrupted before completion, you may sign in and resume the process at any time.

Sign in to your account:

Email Address / Username: [Forgot your Username?](#)
Password: [Forgot your password?](#)

Not yet registered?

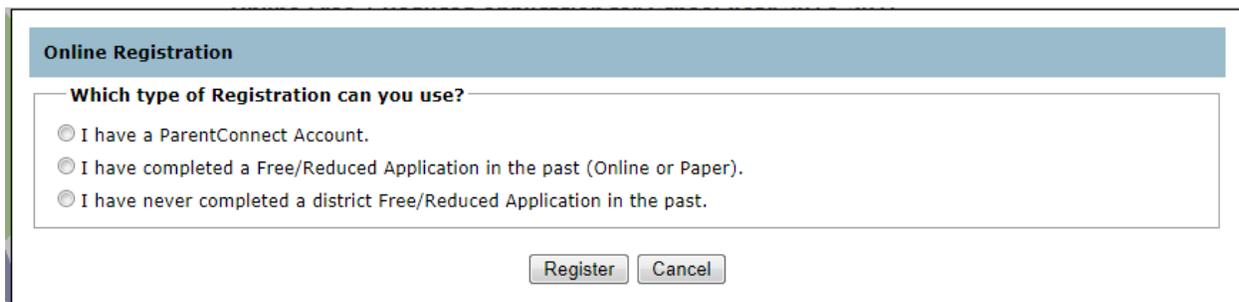
If you have never submitted an Online Application, you will need to Register.
(ParentConnect Users may register with just a few clicks).

IP Address: 172.24.20.52
Device ID: Unknown

[USDA Guidelines](#)

Internet Explorer Firefox chrome

Choose one type of registration, click Register



Online Registration

Which type of Registration can you use?

I have a ParentConnect Account.

I have completed a Free/Reduced Application in the past (Online or Paper).

I have never completed a district Free/Reduced Application in the past.

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Complete the online account information

Read the User Agreement and press Ok

Submit

Online Account Information:

Login Username: Your email address makes a great username. It's unique and easy to remember.

Choose a Password:

Re-enter your Password:

Email Address:

Language Preference: Contact Preference:

Personal Information:

Last Name:

First Name:

Middle Name:

Home Address:

Apt, Suite, Etc.:

City: State: Zip:

Mail Address:

Apt, Suite, Etc.:

City: State: Zip:

Enter up to 5 telephone numbers in order of call preference:

| Seq | Phone Type | Number | Extension | Del |
|-----|--|---|----------------------|----------------------|
| 1 | <input type="text" value="Work"/> <input type="button" value="v"/> | <input type="text" value="248-655-4417"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> <input type="button" value="v"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> <input type="button" value="v"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> <input type="button" value="v"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> <input type="button" value="v"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

By clicking **Submit**, I agree:

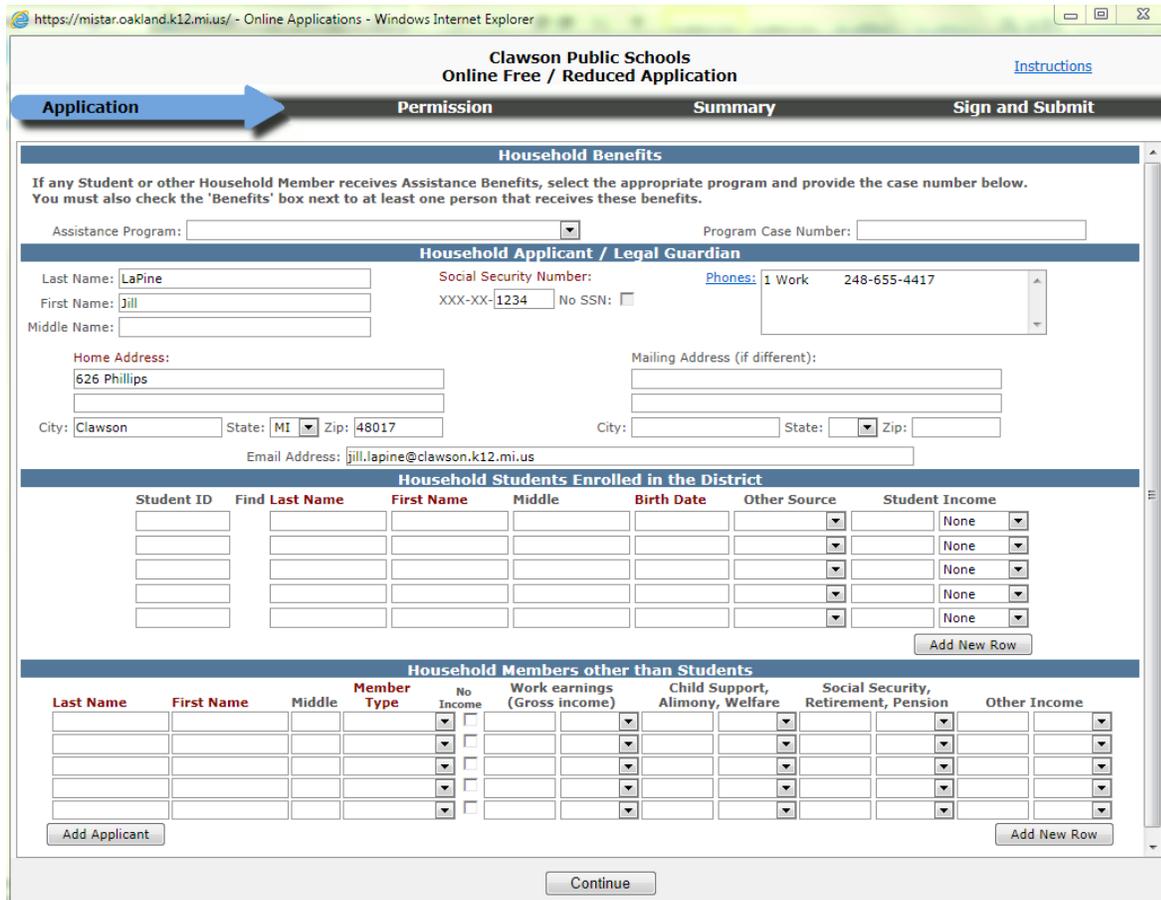
1. I have read and accept the [User Agreement](#).
2. I am at least 18 years of age.



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APPLICATION



Complete one (1) application per household

Household Benefits

There are three types of Benefit Programs. If your family qualifies for one of these benefit programs, choose the one that fits your student or family situation, **otherwise, skip this section of the application.**

1. Choose the **Benefit Program** that is appropriate for your student or family situation. (*Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservation (FDPIR)*).
2. Enter the **Benefit Case Number** for the selected Benefit Program.

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Household Applicant / Legal Guardian

The Applicant Name is the person applying for the student. It is the parent or guardian of the student unless the student is an emancipated minor.

1. Enter the **Last Name** and **First Name** of the adult filling out the application.
2. Enter the **last 4 digits of the Social Security Number** of person submitting the application. The disclosure of a Social Security number is voluntary. If you do not have a Social Security Number, check the box labeled 'No SSN'.
3. Enter **at least one** telephone number, so we may contact you with regards to your application.
4. Please enter the **Home Address** of the household for which you are applying for meal benefits. Enter a **Mailing Address**, if different from your **Home Address**).
5. Enter a **valid Email address** (for district communication about the status of your application, if not already provided when logging in).

Household Students

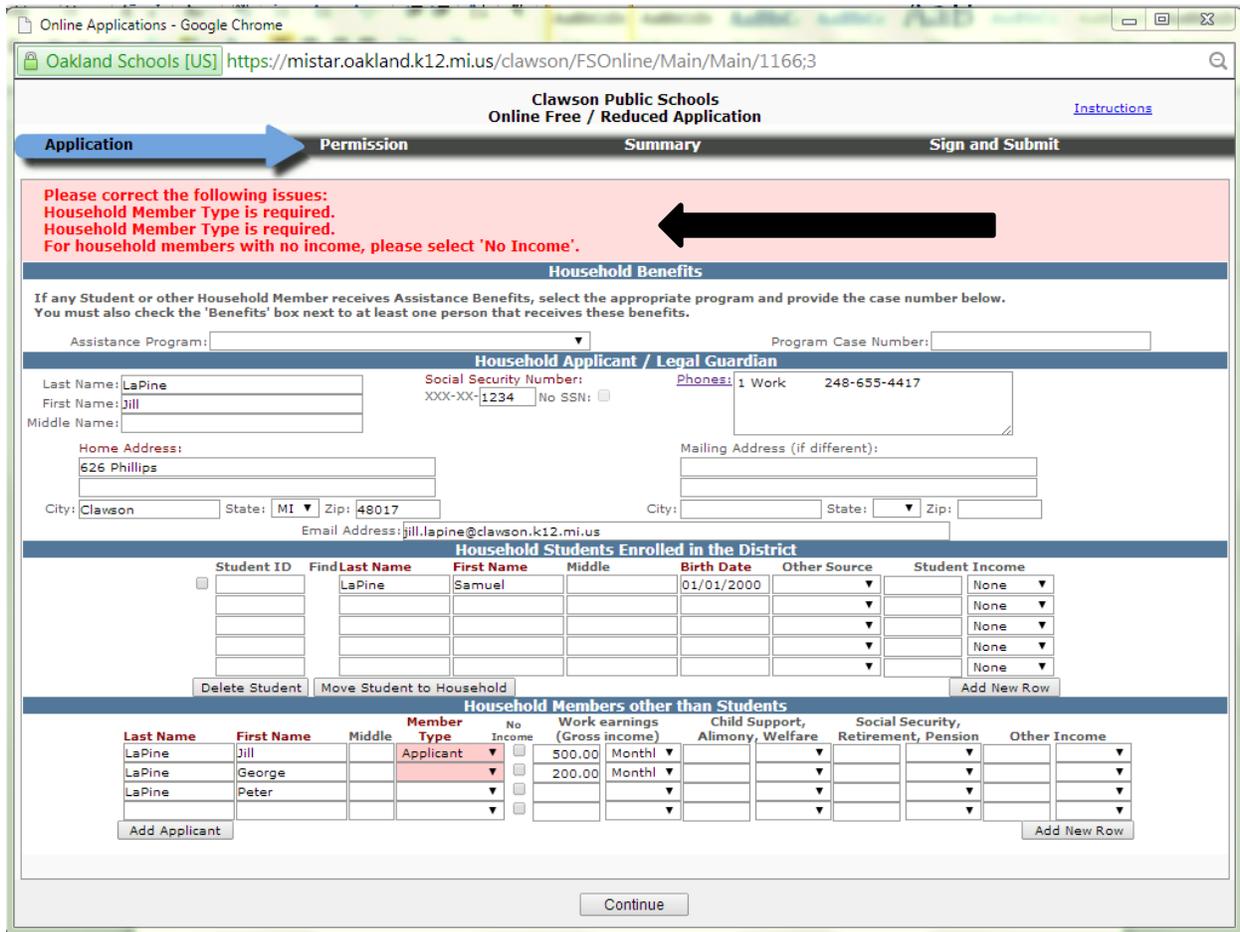
1. Enter the enrolled student's Last Name, First Name, Birth Date, and Student's income. Income to report includes student's salary, wages, foster income, and any other personal use income.
2. Enter the **Case Number** for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservation (FDPIR) case number in the space provided for **each** child.
3. Select the appropriate option for **Special Circumstance**, if you believe the child for whom you are applying is **Foster Child, Migrant, Homeless, or a Runaway**.

Household Members

1. Enter the **Last Name** and **First Name** of **ALL** people living in your household. (Household means a group of related, or non-related, individuals who are living as one economic unit and sharing living expenses to include: rent, clothes, food, doctor bills, and utility bills.)
2. Select the appropriate option for **Member Type**, for each individual
3. If the individual has **No Income**, you must check the box next to the individual's name.
4. Enter the **Gross Income** earnings **BEFORE DEDUCTIONS** and select the appropriate pay frequency. (Wages/salaries/tips before taxes, income from self-owned business, day care business or farm income. Welfare, child support, alimony, public assistance payments, welfare payments, alimony/child support payments, adoption assistance. Pension, retirement, Social Security pensions, Supplemental Security Income, retirement income, veteran's payments, Social Security, permanent disability benefits, child SSI, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, regular contributions from persons not living in the household, royalties/annuities/rental income.)

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Free and Reduced Online Meal Application Instructions



Online Applications - Google Chrome
 Oakland Schools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3

Clawson Public Schools
Online Free / Reduced Application [Instructions](#)

Application
Permission
Summary
Sign and Submit

Please correct the following issues:
 Household Member Type is required.
 Household Member Type is required.
 For household members with no income, please select 'No Income'.

Household Benefits

If any Student or other Household Member receives Assistance Benefits, select the appropriate program and provide the case number below.
 You must also check the 'Benefits' box next to at least one person that receives these benefits.

Assistance Program: Program Case Number:

Household Applicant / Legal Guardian

Last Name: Social Security Number: No SSN: Phones: 1 Work 248-655-4417
 First Name:
 Middle Name:

Home Address:
 City: State: Zip:

Household Students Enrolled in the District

| Student ID | Find Last Name | First Name | Middle | Birth Date | Other Source | Student Income |
|--------------------------|----------------|------------|--------|------------|--------------|----------------|
| <input type="checkbox"/> | LaPine | Samuel | | 01/01/2000 | | None |
| <input type="checkbox"/> | | | | | | None |
| <input type="checkbox"/> | | | | | | None |
| <input type="checkbox"/> | | | | | | None |
| <input type="checkbox"/> | | | | | | None |

Household Members other than Students

| Last Name | First Name | Middle | Member Type | No Income | Work earnings (Gross income) | Child Support, Alimony, Welfare | Social Security, Retirement, Pension | Other Income |
|-----------|------------|--------|-------------|--------------------------|------------------------------|---------------------------------|--------------------------------------|--------------|
| LaPine | Jill | | Applicant | <input type="checkbox"/> | 500.00 | Month | | |
| LaPine | George | | | <input type="checkbox"/> | 200.00 | Month | | |
| LaPine | Peter | | | <input type="checkbox"/> | | | | |

Application Validation Check

All messages must be corrected to complete the online application process.
(Incomplete or incorrect applications will delay meal benefits)

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Application
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Household Benefits

If any Student or other Household Member receives Assistance Benefits, select the appropriate program and provide the case number below. You must also check the 'Benefits' box next to at least one person that receives these benefits.

Assistance Program: Program Case Number:

Household Applicant / Legal Guardian

Last Name: Social Security Number: No SSN: Phones: 1 Work 248-655-4417
 First Name:
 Middle Name:

Home Address:
 Mailing Address (if different):
 City: State: Zip: City: State: Zip:
 Email Address:

Household Students Enrolled in the District

| Student ID | Find | Last Name | First Name | Middle | Birth Date | Other Source | Student Income |
|--------------------------|------|-----------|------------|--------|------------|--------------|----------------|
| <input type="checkbox"/> | | LaPine | Samuel | | 01/01/2000 | | None |
| <input type="checkbox"/> | | | | | | | None |
| <input type="checkbox"/> | | | | | | | None |
| <input type="checkbox"/> | | | | | | | None |
| <input type="checkbox"/> | | | | | | | None |

Household Members other than Students

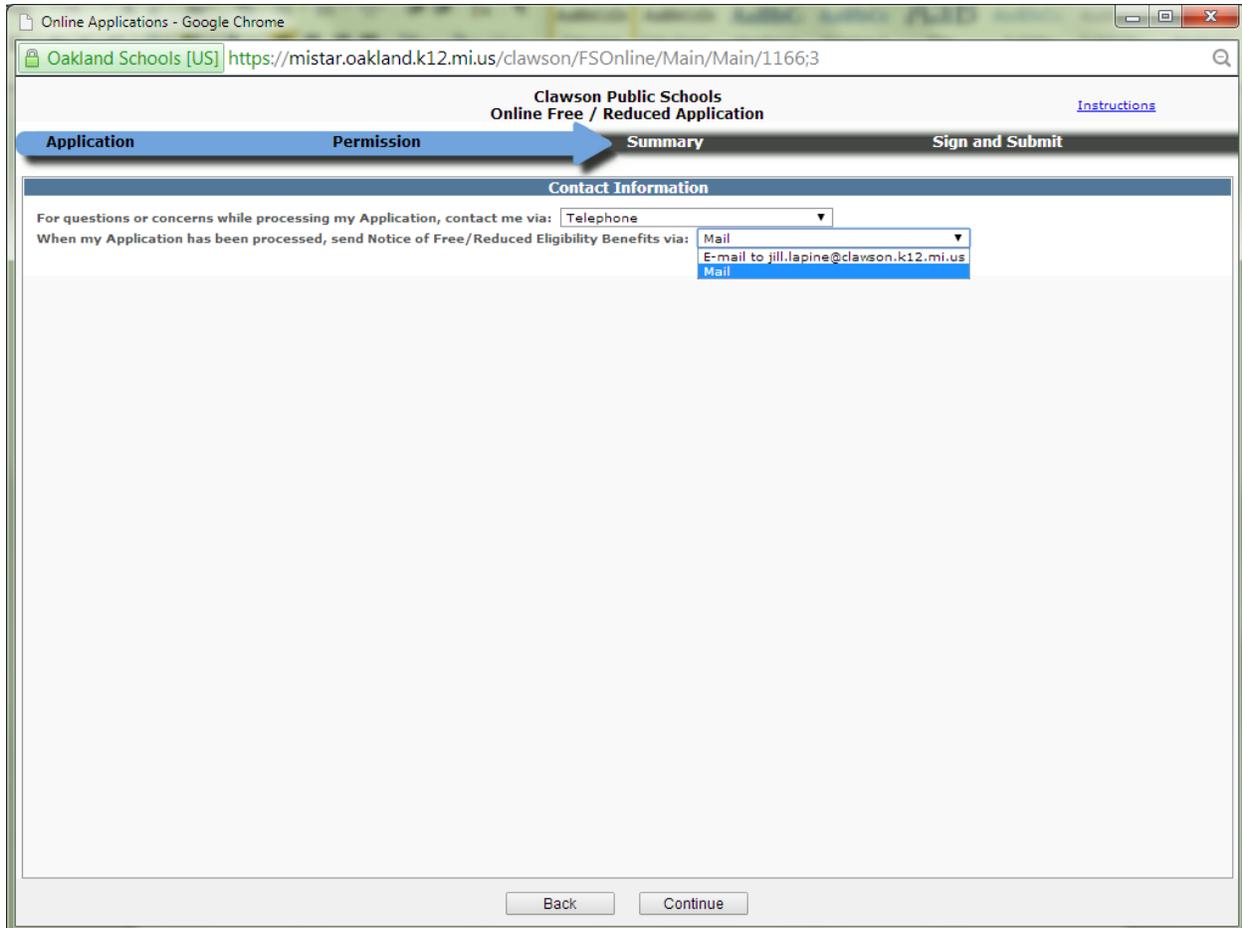
| Last Name | First Name | Middle | Member Type | No. Income | Work earnings (Gross Income) | Child Support, Alimony, Welfare | Social Security, Retirement, Pension | Other Income |
|-----------|------------|--------|-------------|-------------------------------------|------------------------------|---------------------------------|--------------------------------------|--------------|
| X LaPine | Jill | | Applicant | <input type="checkbox"/> | 500.00 Monthly | | | |
| X LaPine | George | | Adult 19+ | <input type="checkbox"/> | 200.00 Monthly | | | |
| X LaPine | Peter | | Pre-school | <input checked="" type="checkbox"/> | | | | |
| | | | | <input type="checkbox"/> | | | | |

[USDA Guidelines](#)


Above is an example of an error-free application. Click **Continue** to proceed.

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Online Applications - Google Chrome
Oakland Schools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3

Clawson Public Schools
Online Free / Reduced Application [Instructions](#)

Application Permission **Summary** Sign and Submit

Contact Information

For questions or concerns while processing my Application, contact me via: Telephone

When my Application has been processed, send Notice of Free/Reduced Eligibility Benefits via: Mail

E-mail to jill.lapine@clawson.k12.mi.us

Mail

Back Continue

Choose e-mail , telephone or mail from drop down list for each question listed.

Click continue.

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Online Applications - Google Chrome
 Oakland Schools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3

Clawson Public Schools
Online Free / Reduced Application [Instructions](#)

Application Permission Summary **Sign and Submit**

Summary and Review

Household Applicant / Legal Guardian:
 Applicant Name: LaPine, Jill Home Address: 626 Phillips Telephone Numbers: 1 Work 248-655-4417
 Social Security: 1234 Clawson, MI 48017
 Email Address: jill.lapine@clawson.k12.mi.us

Household Students:

| Student ID | Last Name | First Name | Middle | Birth Date | OtherSource | Student Income |
|------------|-----------|------------|--------|------------|-------------|----------------|
| | LaPine | Samuel | | 01/01/2000 | | |

Household Members:

| Last Name | First Name | Middle | Member Type | Work earnings (Gross income) | Child Support, Alimony, Welfare | Social Security, Retirement, Pension | Other Income |
|-----------|------------|--------|-------------|------------------------------|---------------------------------|--------------------------------------|--------------|
| LaPine | Jill | | Applicant | 500.00/Monthly | | | |
| LaPine | George | | Adult | 200.00/Monthly | | | |
| LaPine | Peter | | Child | | --- | --- | --- |

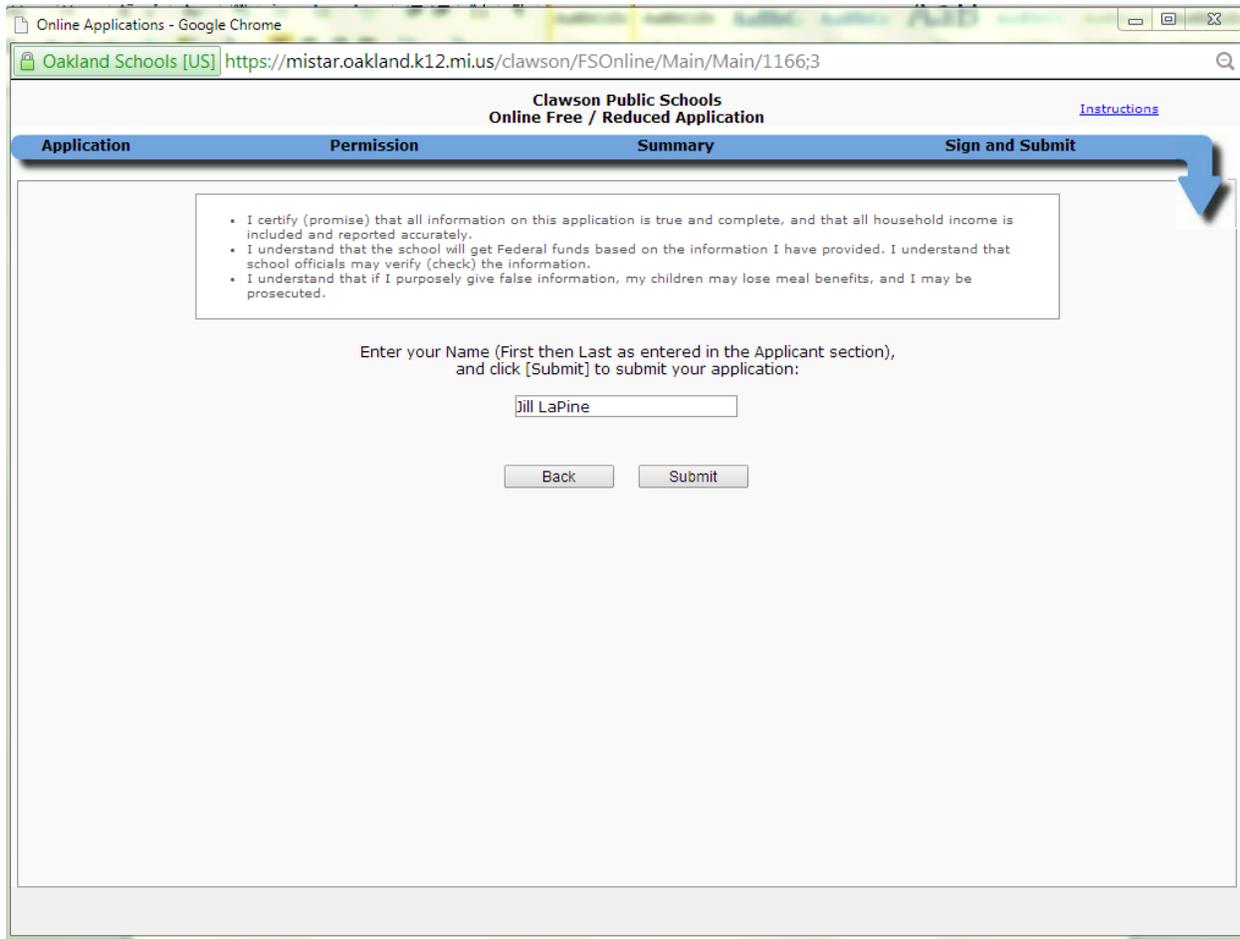
Contact Information:
 For questions or concerns while processing my Application, contact me via: Telephone
 When my Application has been processed, send Notice of Free/Reduced Eligibility Benefits via: Mail

Back Continue

Review application, if information is correct, click **Continue**. If changes are needed, click **Back** to make corrections.

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Online Applications - Google Chrome

Oakland Schools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3

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Application Permission Summary Sign and Submit

- I certify (promise) that all information on this application is true and complete, and that all household income is included and reported accurately.
- I understand that the school will get Federal funds based on the information I have provided. I understand that school officials may verify (check) the information.
- I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Enter your Name (First then Last as entered in the Applicant section), and click [Submit] to submit your application:

Jill LaPine

Back Submit

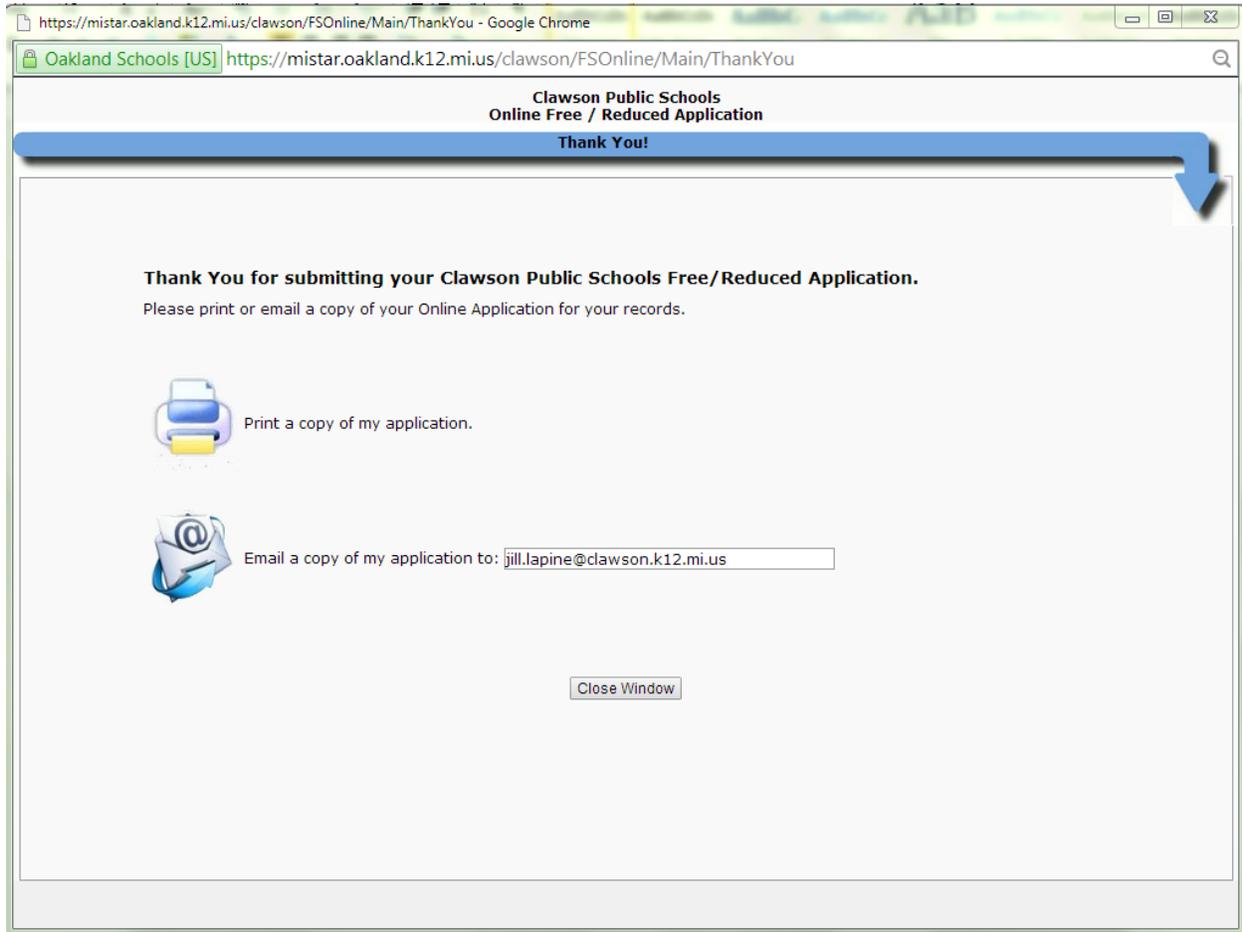
This screen **requires** the Applicant's Name. *(This is the parent or guardian of the student, unless the student is an emancipated minor. **This is the equivalent of the signature of an adult household member.**)*

Note: You **must** enter the Applicant's name as it was entered in the Applicant section of this application.

Click **Submit** to submit your online application.

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Free and Reduced Online Meal Application Instructions



Click on the **printer icon** to print a copy of your online application

-OR

Click on the **envelope icon** to forward a copy of your online application to your e-mail

*Click **Close Window** to complete the online application process*

For help or questions, please contact Jill LaPine at 248.655.4417.