

## 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: <u>https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Login</u>

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 2014-201	15
٥	Online Free / Reduced Application for School Year 2014-201 Sign in to your account to submit an Online Application or to view your past sub If you do not yet have an account, click <i>Register</i> to create one. Don't know if you have registered? Click <i>Forgot your Username</i> to send yourse If the Application process is interrupted before completion, you may sign in and Sign in to your account: Email Address / Username: 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).	LS pmittals. df an email. resume the process at any time.  Forget your Username? Forget your Username? Login  Register
IP Address: 172.24.20.52 Device ID: Unknown	USDA Guidelines	😥 Internet 🥹 Firefox 💿 chrome 🧭

#### Choose one type of registration, click Register

Which type of Registration	an you use?	
I have a ParentConnect Acco	nt.	
I have completed a Free/Red	ced Application in the past (Online or Paper).	
🛛 I have never completed a dis	ict Free/Reduced Application in the past.	



## Complete the online account information

### Read the User Agreement and press Ok

### Submit

0	nline Acco	ount 1	Information	:		
	Login Use	ername	: jill.lapine@cla	awson.k12.mi.	IS	Your email address makes a great username. It's unique and easy to reme
	Choose a Pa	ssword				-
Re-e	nter your Pa	ssword				
	Email A	ddress	: jill.lapine@cla	awson.k12.mi.	IS	]
La	anguage Pref	ference	: English (defa	ult) 🔻 Cont	act Preference: E-mail	<b>v</b>
Pe	ersonal Ir	nform	ation:			
1	Last Name:	LaPine				
F	First Name:	Jill				
Mi	ddle Name:					
Hom	ne Address:	626 Ph	illips			
Apt,	Suite, Etc.:					
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## APPLICATION

https://mistar.oakland.	(12.mi.us/ - On	line Application	s - Windows Inte	rnet Exp	olorer		C		_	l	-
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Assistance Program	1:				1	•	Program	Case Number:			
			Hou	seholo	d Applic	ant / Legal	Guardian				
Last Name: LaPine			So	cial Sec	urity Num	ber:	Phones:	1 Work 2	48-655-4417	*	
First Name: Jill				x-xx-1	234 N	o SSN: 🔲					
iddle Name:			-							-	
Home Address						Mail	ing Address (if d	ifferent).			
626 Phillips						Mail	ing Address (in c	inerenc).			
City: Clawson	State	: MI 🔻 Zip:	48017			City:		State:	▼ Zip:		
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	En	nall Address: ji	Houso	on.k12.i	mi.us tudopte	Enrollod in	a the Distric				
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			Member	No	Work ea	rnings	Child Suppor	t, Soci	al Security,	oul	
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Add Applicant										Add Nev	N Row

### 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.



### 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.
- 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, forster 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 thespace 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.)



Online Applications - Google Chrome		Autority Auto	on Add	the sufficient	14.31	5 matrice	
Oakland Schools [US] https://mistar.oak	dand.k12.mi.us/claws	son/FSOnline/M	ain/Main/1	166;3			Q
	C Online	lawson Public Sc Free / Reduced	hools Application				Instructions
Application Permis	ssion	Summ	a <b>ry</b>		Sigr	n 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 Inco	ome'. Housebold Bene	fite	_	_		
If any Student or other Household Member receiv	ves Assistance Benefits, s	select the appropria	te program an	d provide the ca	se number	below.	
Assistance Program:	least one person that ree	erves these benefit		Program Case Ni	umber:		
	Househo	ld Applicant / Le	gal Guardiar	1			
Last Name: LaPine First Name: Jill Middle Name:	Social Security Nu XXX-XX-1234	mber: No SSN: 🔲	Phones: 1 Wo	rk 248-655	-4417		
Home Address:			Mailing Addres	ss (if different):			
626 Phillips				(			
· · · · · · · · · · · · · · · · · · ·							
City: Clawson State: MI ▼ Zip: 48	3017	City		State:	▼ Zip:		
Email Addr	Household	12.mi.us Studonts Enrollo	d in the Dict	rict			
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Add Applicant					[	Add	New Row
		Continue					

## Application Validation Check

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



### CLAWSON PUBLIC SCHOOLS

Free and Reduced Online Meal Application Instructions

Donline Applications - Goog	le Chrome				10.00 Mar. 10.			
Oakland Schools [US]	https://mistar	oakland.k12.	.mi.us/clawso	on/FSOnline/	Main/Main/1	166;3		Q
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Application	Pe	rmission		Sum	ma <b>ry</b>		Sign and S	ubmit
	_			Houcobold Do	ofite			
If any Student or other Ho You must also check the 'B	usehold Member r enefits' box next	eceives Assista to at least one p	nce Benefits, se erson that rece	elect the approp	riate program ai fits.	nd provide the c	ase number below.	
Assistance Program:				T		Program Case N	lumber:	
			Househol	d Applicant / I	egal Guardia	n		
Last Name: LaPine First Name: Jill Middle Name:		XXX	(-XX-1234 No	o SSN:	Phones: 1 Wo	ork 248-65	5-4417	
Home Address: 626 Phillips					Mailing Addre	ess (if different):		
City: Clawson	State: MI 🔻 Zi	p: 48017		Ci	ty:	State:	▼ Zip:	
	Email	Address: jill.lapi	ine@clawson.k1	2.mi.us				
	Student ID Find	last Name	Household S	Students Enrol	led in the Dist	Tict Other Source	Student Incom	
	Student ID	LaPine	Samuel	Fildule	01/01/2000	T T	None	<u>∼</u>
						<b>.</b>	None	<b>T</b>
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De	lete Student Mo	ve Student to H	ousehold	Nombors oth	n than Studen	**	Add Nev	Row
		Mem	ber No	Work earnings	Child Su	pport, So	cial Security,	
Last Name	First Name	Middle Typ	e Income	(Gross income	Alimony,	Welfare Retir	ement, Pension	Other Income
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Add Applicant								Add New Row
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				USDA Guidelii	<u>165</u>			Explo

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



Conline Applications - Googl	e Chrome	Autority Autor	to Addid Autors Ph	an and	
Oakland Schools [US]	https://mistar.oakland.k12.mi.us/cl	awson/FSOnline/Mai	n/Main/1166;3		Q
	Onl	Clawson Public Scho ine Free / Reduced Ap	ools plication		Instructions
Application	Permission	Summar	v	Sign and Submit	
		Contact Informatio	n		
For questions or concerns w When my Application has b	while processing my Application, contact me been processed, send Notice of Free/Reduce	e via: Telephone ed Eligibility Benefits via:	▼ Mail E-mail to jill.lapine@clawson.k12.c Mail	▼ mi.us	
		Back Cont	inue		

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

Click continue.



🕒 Online Applicat	ions - Google Chrome	
Oakland Sch	nools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3	Q
	Clawson Public Schools In Online Free / Reduced Application	<u>istructions</u>
Application	Permission Summary Sign and Submit	
	Summary and Review	
	Household Applicant / Legal Guardian: Applicant Name:LaPine, Jill Home Address: Telephone Numbers: Social Security: 1234 626 Phillips 1 Work 248-655-4417 Clawson, MI 48017 Email Address: jill.lapine@clawson.k12.mi.us	
	Student ID         Last Name         First Name         Middle         Birth Date         OtherSource         Student Income           LaPine         Samuel         01/01/2000         01/01/2000         01/01/2000	
	Household Members:         Member Work earnings Child Support, Social Security,         Last Name       First Name       Middle       Type       (Gross income)       Alimony, Welfare       Retirement, Pension       Other Income         LaPine       Jill       Applicant 500.00/Monthly       Adult       200.00/Monthly         LaPine       Peter       Child      No       Income	
	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.



Online Applications - G	oogle Chrome	no ALED where we	
Oakland Schools [	US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/Main/1166;3		Q
	Clawson Public Schools Online Free / Reduced Application	Instru	uctions
Application	Permission Summary	Sign and Submit	-1
	<ul> <li>I certify (promise) that all information on this application is true and complete, and that included and reported accurately.</li> <li>I understand that the school will get Federal funds based on the information I have provischool officials may verify (check) the information.</li> <li>I understand that if I purposely give false information, my children may lose meal benef prosecuted.</li> </ul>	all household income is ided. I understand that its, and I may be	
	Enter your Name (First then Last as entered in the Applicant sec and click [Submit] to submit your application:	tion),	
	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.



🗅 https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/ThankYou - Google Chrome
Oakland Schools [US] https://mistar.oakland.k12.mi.us/clawson/FSOnline/Main/ThankYou
Clawson Public Schools Online Free / Reduced Application
Thank You!
I hank You for submitting your Clawson Public Schools Free/Reduced Application.
Print a conv of my application
(Ô)
Email a copy of my application to: jjill.lapine@clawson.k12.mi.us
Close Window

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.

08/15/14