

# **Filling Out FARMS Forms**

*Llenando Los Formularios de  
Almuerzo/Desayuno Gratis*

**2020-2021**

**Website**

*Pagina Electronica*

**Go to <https://www.myschoolapps.com/>**

**Vaya a la pagina <https://www.myschoolapps.com/>**

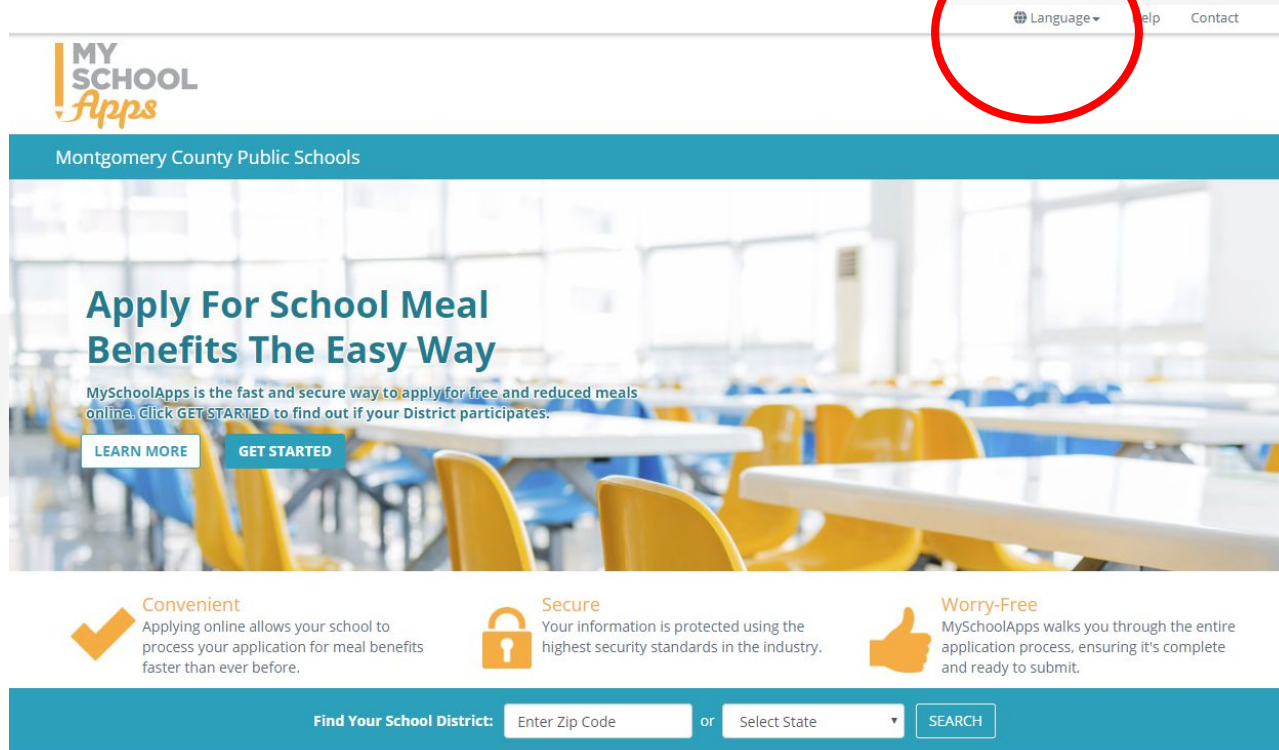


# How to Pick the Language

## *Cómo Elegir el Idioma*

Choose here

Elige aquí



The screenshot shows the MySchoolApps website interface. At the top right, there is a navigation bar with a globe icon, the text "Language", a dropdown arrow, and links for "Help" and "Contact". A red circle highlights the "Language" dropdown menu, with a red arrow pointing to it from the text "Choose here" and "Elige aquí". Below the navigation bar is the MySchoolApps logo and the text "Montgomery County Public Schools". The main content area features a large banner with the heading "Apply For School Meal Benefits The Easy Way" and a sub-heading "MySchoolApps is the fast and secure way to apply for free and reduced meals online. Click GET STARTED to find out if your District participates." Below this are two buttons: "LEARN MORE" and "GET STARTED". At the bottom of the banner, there are three icons with text: a checkmark for "Convenient", a padlock for "Secure", and a thumbs up for "Worry-Free". The footer contains a search bar with the text "Find Your School District:" and fields for "Enter Zip Code" and "Select State", along with a "SEARCH" button.

# 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**

LEARN MORE GET STARTED

**Convenient**  
Applying online allows your school to process your application for meal benefits faster than ever before.

**Secure**  
Your information is protected using the highest security standards in the industry.

**Worry-Free**  
MySchoolApps walks you through the entire application process, ensuring it's complete and ready to submit.

Find Your School District:  or

# Choose Montgomery County Public Schools

*Elija las escuelas públicas del condado de Montgomery*

## Montgomery County Public Schools

### Select Your School District

Please select the school district that your child or children are enrolled in. This must be the school district in which you will be applying for benefits for your children.

#### Search

Zip Code

20877

or

State

Maryland

SEARCH

#### Choose School District

Choose Your District

Montgomery County Public Schools

SELECT DISTRICT & CONTINUE

**Click Here**  
**Haga clic aquí**

# Beginning the Application

## *Comenzando la aplicación*

Montgomery County Public Schools

Getting Started Household Info Students Signer's Info Hou

### Getting Started

**What you will need to provide during the application process:**

- The names and incomes of every member of your household
- The school, grade, birthdate of every student in your household
- Your social security number and electronic signature
- (Optional) A valid email address or phone number for district communication about the status of the application.

If you are ready to get started, click the button below to begin the online process.

[BEGIN APPLICATION PROCESS](#)



**Click Here**  
**Haga clic aquí**

# 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](http://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 I AGREE 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*

Montgomery County Public Schools

Getting Started   Household Info   Students   Signer's Info   Househ

I certify (promise)...  
that all information that will be provided on this application is true and that all income will be reported.

Your Name

Please enter your name, as the person signing this application

First Name

Last Name

Today's Date

**Mom, dad or guardian first & last name here**  
**Nombre y apellido de mamá, papá o tutor aquí**

**Then click "Save and Continue"**  
**Despues haga clic en "Guardar y Continuar"**



# 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

#### Household Case Numbers

Please enter the case numbers of the household (if applicable) for which you are applying for meal benefits.

- Household receives Food Supplement Program (FSP) benefits.
- Household receives Temporary Cash Assistance (TCA) benefits.
- Household does not receive such benefits.

#### Address Information

Please enter the address of the household for which you are applying for meal benefits. **Fields in bold are required.**

Address

Address Line 2

City

Gaithersburg

State

Maryland

Zip Code

20878

BACK

SAVE AND CONTINUE

**If your family receives benefits, select here and enter the benefit number (it is a 9-digit number).**

**Si su familia recibe beneficios, seleccione aquí e ingrese el número de beneficio (es un número de 9 dígitos).**

**Fill in student's address and click "SAVE AND CONTINUE"**

**Llene la dirección del alumno y haga clic en "GUARDAR Y CONTINUAR"**

# Enter Student Information

*Ingrese la información del estudiante*

Getting Started Household Info **Students** Signer's Info Household

## Student Information

Below are the students currently on the application. To 'add' or 'change' a student use the buttons and links below. You must enter at least one student on your application to proceed.

You must enter at least one student on your application. Please use the 'Add Student' button to get started.

[BACK](#) [ADD STUDENT](#)

A red circle highlights the 'ADD STUDENT' button, with a red arrow pointing to it from the right.

# Student Information

*Información del estudiante*

**Fill in ALL the information then click “SAVE AND CONTINUE”.**

**Complete TODA la información y después haga clic en “GUARDAR Y CONTINUAR”**

## 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

(e.g. 01/31/2011)

Gender

Male

Female

Foster Child

Yes

No

Student Number

School

Grade

BACK

SAVE AND CONTINUE

# Student's Income

## *Ingresos del estudiante*

Montgomery County Public Schools

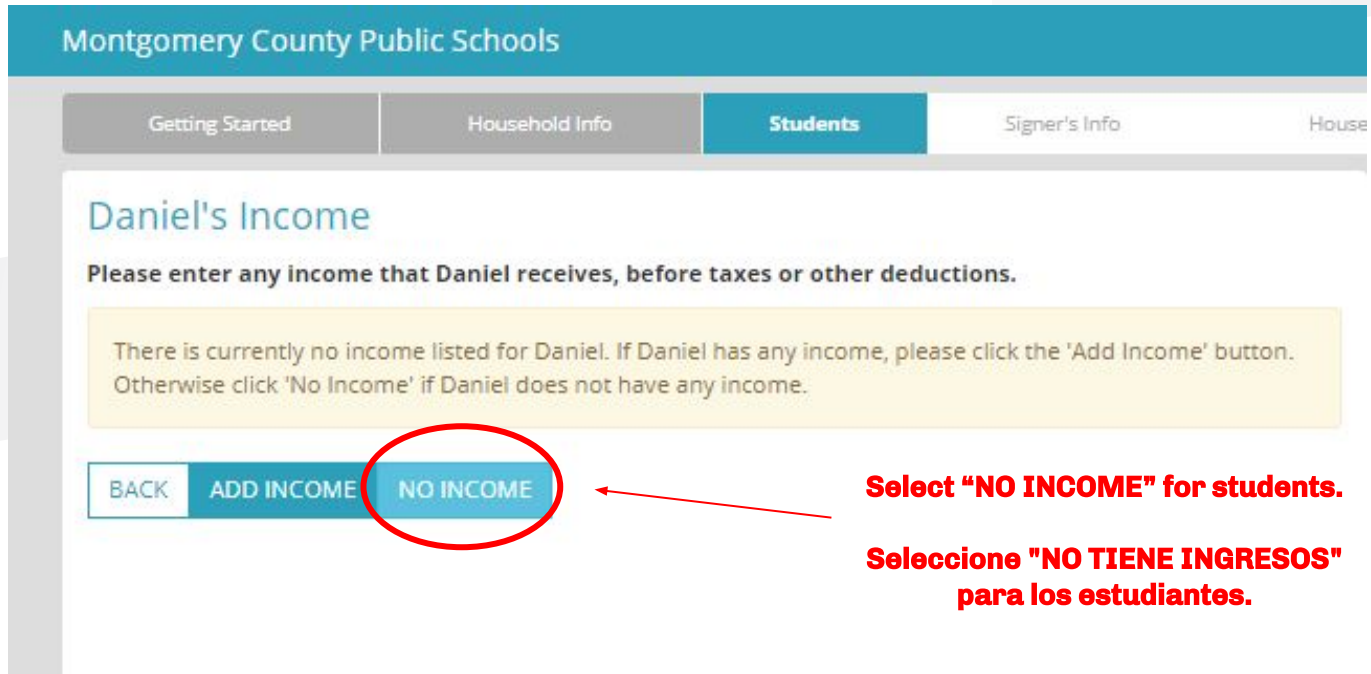
Getting Started Household Info **Students** Signer's Info House

### Daniel's Income

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

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

BACK ADD INCOME **NO INCOME**



**Select "NO INCOME" for students.**

**Seleccione "NO TIENE INGRESOS" para los estudiantes.**

# Additional Students

## *Estudiantes adicionales*

Montgomery County Public Schools

Getting Started Household Info **Students** Signer's Info House

### Student Information

Below are the students currently on the application. To 'add' or 'change' a student use the buttons and links below. You must enter at least one student on your application to proceed.

EDIT REMOVE Daniel Jarquin

Details	Special Circumstances	Income
Birthdate: 05/27/2013 School: Gaithersburg ES Gender: Male Grade: 3rd	Foster Child: No	None (No income)

BACK ADD STUDENT DONE ADDING STUDENTS

**If there are more MCPS students, you must add them here by clicking "ADD STUDENT". ONLY MCPS STUDENTS HERE. If there are not then click on "DONE ADDING STUDENTS".**

**Si hay más estudiantes de MCPS, debe agregarlos aquí haciendo clic en "AGREGAR ESTUDIANTE". SOLO ESTUDIANTES DE MCPS AQUI. Si no hay más estudiantes, haga clic en "TERMINE DE AGREGAR ESTUDIANTES".**

# Adding all other children that don't attend MCPS

## Incluyendo todo los niños que no asisten MCPS

**MY SCHOOL Apps**

Montgomery County Public Schools

Getting Started | Household Info | Students | **Children (Non-Student)** | Signer's Info

### Non-Student Children Information

Below are the other (non-student) household children currently on the application. To add or edit a child, use the buttons and links below.

[BACK](#) [ADD CHILD](#) [DONE ADDING CHILDREN](#)

**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

Please enter your information, as the person who will be signing this application. This must be a responsible adult or a legally emancipated minor child. **Fields in bold are required.**

#### Your Name

Please enter your name, as the person signing this application

I have not yet listed myself on this application:

First Name

Alejandra

Last Name

Jarquin

#### Your SSN

Last 4 Of Your  
Social  
Security  
Number (SSN)

I do not have a Social Security Number

BACK

SAVE AND CONTINUE

**If mom, dad or guardian have a social security, please enter the LAST four digits here. If they do not have a Social Security Number click the box. Then click "SAVE AND CONTINUE".**

**Si mamá, papá o guardian tienen un seguro social, ingrese los ÚLTIMOS cuatro dígitos aquí. Si no tienen un número de seguro social, haga clic en el cuadro. Luego haga clic en "GUARDAR Y CONTINUAR".**



# 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

Middle Initial

**Last Name**

Jarquín

Suffix

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.

BACK

ADD INCOME

NO INCOME

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

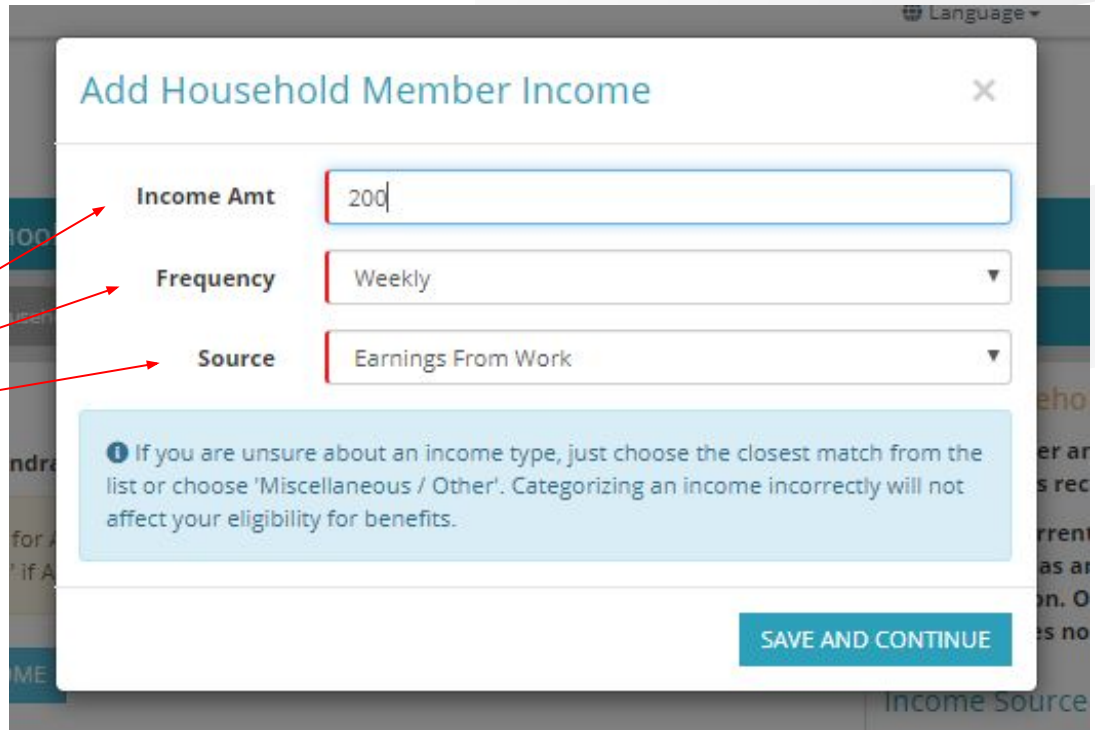
**Si mamá, papá o guardian tienen un ingreso, haga clic en "AGREGAR INGRESOS". Si no tienen ingresos, haga clic en "NO TIENE INGRESOS".**

# 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.**



The screenshot shows a web form titled "Add Household Member Income" with a close button (X) in the top right corner. The form contains three input fields: "Income Amt" with the value "200", "Frequency" with the value "Weekly", and "Source" with the value "Earnings From Work". A light blue information box at the bottom of the form contains the text: "If you are unsure about an income type, just choose the closest match from the list or choose 'Miscellaneous / Other'. Categorizing an income incorrectly will not affect your eligibility for benefits." A teal button labeled "SAVE AND CONTINUE" is located at the bottom right of the form. In the top right corner of the background page, there is a "Language" dropdown menu. At the bottom right of the background page, the text "Income Source" is visible.

Income Amt	<input type="text" value="200"/>
Frequency	<input type="text" value="Weekly"/>
Source	<input type="text" value="Earnings From Work"/>

**SAVE AND CONTINUE**

Language

Income Source

# Additional Income

## *Ingreso Adicional*

Income added for Alejandra Jarquin

### Alejandra's Income

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

CHANGE REMOVE Earnings From Work

\$200.00 Weekly

If you are finished adding income for Alejandra, click the 'Done Entering Income' button. If you need to add additional income sources, click the 'Add Income' button.

BACK

ADD INCOME

DONE ENTERING INCOME

**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.

<a href="#">EDIT</a> <a href="#">REMOVE</a> Alejandra Jarquin
Income: \$200.00 / wk

**i** If you are finished adding household members to this application, click the 'Done Adding Household Members' button. If you need to add an additional household member, click the 'Add Household Member' button.

<a href="#">BACK</a>	<a href="#">ADD HOUSEHOLD MEMBER</a>	<a href="#">DONE ADDING HOUSEHOLD MEMBERS</a>
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**This is where you add all the other DIRECT household members as long as they are not in MCPS schools (ei: 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	<input type="text" value="alejandrajarquin@gmail.com"/>
Confirm Email Address	<input type="text" value="alejandrajarquin@gmail.com"/>
Primary Phone	<input type="text" value="301-300-1234"/>
Secondary Phone	<input type="text"/>

#### Information Disclosure

Because health insurance is so important to children's well-being, the law allows your school district to tell Medicaid and SCHIP that your children are eligible for free or reduced price unless you tell them not to. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance). If you do not want your school district to share your information with Medicaid or SCHIP, please select 'No' below.

Allow my district to share my information with the Medicaid program?  Yes  No

#### Ethnicity (Optional)

Enter any/all of your children's ethnic identities. **This section is optional.**

Choose **one** of the following:

Hispanic/Latino  Not Hispanic/Latino

Choose **any** of the following that apply (regardless of choice above)

Asian  White  Black or African-American  
 American Indian or Alaska Native  Native Hawaiian or other Pacific Islander

BACK

SAVE AND 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                      Alejandra Jarquin  
Signer's Status                    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 Alejandra 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.**