

## HOW TO COMPLETE the Online Free and Reduced Meal Application

**(A NEW APPLICATION IS REQUIRED EVERY SCHOOL YEAR)**

1. Go to the following link: [www.fortbendisd.heartlandapps.com](http://www.fortbendisd.heartlandapps.com)  
OR Go to the FBSID Home page ([www.fortbendisd.com](http://www.fortbendisd.com)) → Link on the Left of Page  
OR Go to the FBISD Home Page ([www.fortbendisd.com](http://www.fortbendisd.com)) → Departments and Services → Child Nutrition  
→ Online Free and Reduced Application – Links located on the left, right and middle of the page
2. Families will need the following information available when completing the online application:
  - Student's legal name (first and last), birth date, and assigned Student ID number (if known)
  - Student's school name
  - All household gross income and/or SNAP (formerly food stamps) or TANF eligibility determination group number EDG #. (Note: The EDG# is not the case number or the Lone Star Card number).
  - Last four digits of the parent's/guardian's social security number

Parents/guardians who do not have computer access may:

- Visit their child's school and complete the application on a school computer
- Visit FBISD's Child Nutrition Department (555 Julie Rivers Dr., Sugar Land, 77478) for computer access. Families may complete online applications Monday through Friday in the morning (from 9:00 a.m. to 11:00 a.m.) or afternoon (from 1:30 p.m. to 3:30 p.m.)
- Request an application from their child's campus

3. The "Letter to Household" will appear on the screen. The parent/guardian can select Spanish if needed. Review and Click Next.

The screenshot shows the top navigation bar with 'English', 'Español', and 'Other' language options. Below the navigation bar, the page title is '2016-2017 Fort Bend ISD Online Free and Reduced Application'. There are links for 'Contact Us', 'Privacy Terms', and 'FAQ'. The main content area is titled 'Letter to Household (Use the scrollbar to view the entire letter)'. A blue-bordered box contains a 'NOTICE: DO NOT COMPLETE this application if you have already applied this school year. CONTACT US at 281-634-1196 for instructions.' Below the notice is a 'PRINT' icon. The letter content is titled 'FORT BEND INDEPENDENT SCHOOL DISTRICT LETTER TO HOUSEHOLDS' and addresses the parent/guardian, explaining meal options and prices. A table shows meal prices for elementary and secondary students. At the bottom, there are language selection buttons for 'ENGLISH' and 'ESPAÑOL', with an arrow pointing to 'ESPAÑOL' and the text 'Only if needed'. A red 'NEXT' button is also visible.

English Español Other

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy Terms FAQ

Letter to Household (Use the scrollbar to view the entire letter)

**NOTICE: DO NOT COMPLETE** this application if you have already applied this school year. **CONTACT US** at 281-634-1196 for instructions.

PRINT

**FORT BEND INDEPENDENT SCHOOL DISTRICT LETTER TO HOUSEHOLDS**

Dear Parent/Guardian:  
Children need healthy meals to learn. Fort Bend ISD offers healthy meals every school day. Meal prices can be found in the chart below. Your child(ren) may qualify for free meals or for reduced-price meals. Reduced price is **\$0.30** for breakfast and **\$0.40** for lunch.

	Breakfast	Lunch
Elementary	\$1.25	\$2.25
Secondary	\$1.25	\$2.50

ENGLISH **ESPAÑOL** **Only if needed** **NEXT**

4. The first “Child Information” page displays next. Enter the total number of infants, children and **FBISD** students living in the household. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> Finish & Submit

Instructions

### Child Information

2 Please enter the number of all household members who are INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12. They do NOT have to be related to you to be a part of your household.

Next

5. The second “Child Information” page displays next. Enter information for all infants, children and **FBISD** students living in the household, answer the “Is this a Student” question and mark box if child is a Foster Child or Homeless, Migrant\*, or Runaway. Click Next.

(\*Migrant not Immigrant. Such as a migrant farm worker within the United States.)

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> Finish & Submit

Instructions

### Child Information

List all Children:  
\*Required Fields

1

Student ID	First Name*	MI	Last Name*	Is this a Student?*	Foster Child	Homeless Migrant Runaway 1
99999	Jane		Doe	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Birthdate (MM/DD/YYYY)	Grade*	School Name				
Mar 3 2010	2	Arizona Fleming Elementary				

2

First Name*	MI	Last Name*	Is this a Student?*	Foster Child	Homeless Migrant Runaway 1
James		Doe	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Remove Child

Add Additional Child

Previous Next

6. The “Assistance Programs” page displays next. If any person in the household is receiving SNAP or TANF or FDPIR benefits, enter the **Eligibility Determination Group #**. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> Finish & Submit

Instructions

### Assistance Programs

[L]db\_schoolDistrictSetting1.Text  
[L]db\_schoolDistrictSettingText1\_TX.Text

Eligibility Determination Group Number  
(This is NOT the Case # or the Lone Star Card #)

Previous Next

7. The “Child Income” page displays next. Enter the total income of all children in the household – leave blank if zero. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> Finish & Submit

Instructions

### Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in the previous step.

Use the 'Child Income Worksheet' link below to help calculate if you have multiple children with income and different income frequencies.

\$ .00 --How Often--

[Child Income Worksheet](#)

Click here for assistance calculating child income.

Clear Student Data

Previous Next

8. The first “Household Members and Income” page displays next. Enter the total number of household members that were not listed on the “Child Information” pages. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> **Household Info** >> General Info >> Summary >> Finish & Submit

Instructions

### Household Members and Income

2 Please enter the number of members living in your household NOT INCLUDING THE CHILDREN LISTED IN THE PREVIOUS STEP. If this application is for a child living alone or as a separate economic unit (emancipated) please enter the letters "NA" in the box & click the Next button.

Previous Next

9. The second “Household Members and Income” page displays next. Enter the name and income of each household member not listed on the “Child Information” pages. Leave income blank if zero. (This information will not be required if a valid EDG # was entered. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> **Household Info** >> General Info >> Summary >> Finish & Submit

Instructions

### Household Members and Income

List all Household Members not listed on the 'Child Information' page (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes and deductions) for each source in whole dollars only (no cents). If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

\*Required Fields

1 First Name\* Last Name\*  
John Doe

Earnings from work  
500.00 Weekly

Public Assistance/Child Support/Alimony  
0.00 --How Often--

Pensions/Retirement/All Other Income  
0.00 --How Often--

2 First Name\* Last Name\*  
Suzy Doe

Earnings from work  
0.00 --How Often--

Public Assistance/Child Support/Alimony  
75.00 Weekly

Pensions/Retirement/All Other Income  
0.00 --How Often--

Remove Household Member

Add Additional Household Member

Previous Next

10. The parent/guardian must enter signer and address information the application. Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> **General Info** >> Summary >> Finish & Submit

Instructions

### Adult Signer Information

Enter the following information for the person filing out this application.

\*Required Fields

Name\*  
John Doe

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member  
 Check if no SSN [privacy / terms](#)

\*XXX - XX - 0000

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### Household Address

Mailing Address	Apt #	City	State	Zip Code
12345 Main St		Anywhere	Texas	77777

Work Phone	Home or Cell Phone	Email Address
(123) 456-7890	(123) 456-7890	johndoe@email.com x

11. The Summary Page views next for the parent/guardian to verify the application information . Click Next.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application[Contact Us](#)   [Privacy / Terms](#)   [Letter](#)

[Start](#) >> [Children Info](#) >> [Household Info](#) >> [General Info](#) >> [Summary](#) >> [Finish & Submit](#)

[Instructions](#)

### Summary & Review

Please review the information and verify that it is correct. Make any modifications necessary by using the link next to each section.  
Fort Bend ISD

**Assistance Programs** [Change Assistance Programs](#)  
You have NOT indicated an assistance program for a student.

**Child(ren) Information** [Change Child Information](#)

Student Number	Child Name	Grade	School	Birthdate	Case #	Income	Frequency	Foster	Homeless Migrant Runaway 1
99999	Jane Doe	2	Arizona Fleming Elementary	3/3/2010				N	N
	James Doe							N	N

**Household Information** [Change Household Information](#)

Name	Earnings	Frequency	Welfare	Frequency	Pension	Frequency	Other	Frequency
John Doe	\$500.00	Weekly						
Suzy Doe			\$75.00	Weekly				

Total Household Members = 4Total Household Income = \$575.00 / Weekly

**Adult Signer Information** [Change Adult Signer Information](#)

John Doe  
0000  
12345 Main St  
Anywhere, TX 77777  
(123) 456-7890 (Home/Cell) (123) 456-7890 (Work)  
johndoe@email.com

PreviousNext

12. The parent/guardian must enter their name. The parent/guardian may print the application by using the link provided. Click the "Finish" box to submit the application. Click Finish.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> **Finish & Submit**

Instructions

### Electronic Signature (You must complete to submit your application)

I understand by checking the electronic signature box below:

- My application will be sent electronically to the School District
- My IP Address will be recorded as **166.102.136.6**
- Date today is **07/18/2016**
- My electronic signature has the same legal effect and enforceability as my written signature

I   certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

[Click here to print your application](#)

13. The parent/guardian will get a confirmation number once they have successfully submitted the application. The parent/guardian can enter an email address to receive a confirmation email. The parent/guardian can click on the bottom link to print their application.

2016-2017  
**Fort Bend ISD**  
Online Free and Reduced Application

Contact Us Privacy / Terms Letter

Start >> Children Info >> Household Info >> General Info >> Summary >> **Finish & Submit**

Instructions

### Thank You for Submitting your Application!

Your Confirmation Number is **5047916718**  
Please print this for your records.

**Your eligibility determination will not be immediate.**

**Until your application is processed please prepare to fund your child's meals**  
If you have further questions please contact the District Child Nutrition Office.

E-mail Address (optional)

Confirm Email Address  
 x

[Click here to print your application](#)