

Visit <http://ezschoolpay.com> and Log-in using your Email and Password. Is this your first time visiting our site? Register for a free account to get started! Once logged in, you will be directed to your HOME page. From the HOME screen, to the left in the blue box is the menu:



MY ACCOUNT:

- UPDATE PERSONAL INFORMATION
- CHANGE SECURITY QUESTION
- CHANGE PASSWORD
- CLOSE MY ACCOUNT (terminates account)



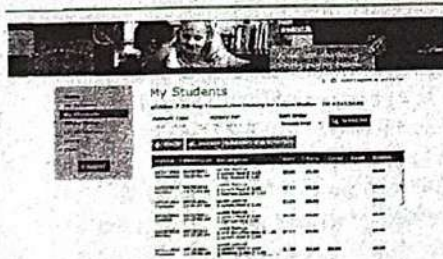
MY STUDENTS:

- the PENCIL GRAPHIC (access student screen)
- CONTACT SCHOOL (send Manager an e-mail)
- ADD A STUDENT (link another student to your account)
- The CLIPBOARD GRAPHIC (view previous 30 days transaction history)
- MAKE A PAYMENT (add funds to your student's account)



Within the STUDENT SCREEN Parents can:

- Set a LOW BALANCE EMAIL REMINDER
CLICK on box to SEND REMINDERS



Within the MY STUDENTS SCREEN Parents can:

- Click on VIEW TRANSACTIONS
Previous 30 day Transaction History will be displayed



From the MY STUDENTS screen, to LINK STUDENT

- Click on ADD A STUDENT
- Enter Last Name and Student ID #, OR enter Last Name, First Name and Birth Date (check appropriate bubble)
- Designated student to link to account will appear, click SAVE.
- To add multiple students, repeat this process.



BILLING SETUP (from blue box on left)

- ADD CREDIT CARD(S)
*This feature is for convenience, not a requirement. You may SAVE credit card information for one or more cards on our secure site so you will not have to enter payment/billing information every time you add money your student's account.



CREDIT HISTORY

- Search and view receipts for payments made to your EZSchoolPay account for the last 6 months



STORE/PAY ONLINE

- In the AMOUNT box, enter the dollar amount you would like to add to your student's account.
- Click ADD TO CART
- You may continue to add additional items to your cart. Once you are finished, you will may PROCEED TO CHECKOUT



CHECKOUT/PAYMENT

- You may enter your credit card/billing information for a one-time payment or use your stored card(s).
- Click SUBMIT ORDER

- In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
 - (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.



DR. CHRISTINA M. KISHIMOTO
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS
July 1, 2020

Dear Parent/Guardian:

Children need healthy meals to learn. Hawaii's public schools offer healthy meals every school day. Breakfast costs \$1.10; lunch costs \$2.50 for elementary and \$2.75 for secondary students. **Your children may qualify for free meals or for reduced price meals.** Reduced price is \$0.30 for breakfast and \$0.40 for lunch. This is an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income falls at or below the limits of the Federal Income Eligibility Guidelines (see chart below).

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2020-2021

Household Size	Yearly	Monthly	Weekly	Household Size	Yearly	Monthly	Weekly
1	\$ 27,158	\$ 2,264	\$ 523	5	\$ 65,268	\$ 5,439	\$ 1,256
2	\$ 36,686	\$ 3,058	\$ 706	6	\$ 74,796	\$ 6,233	\$ 1,439
3	\$ 46,213	\$ 3,852	\$ 889	7	\$ 84,323	\$ 7,027	\$ 1,622
4	\$ 55,741	\$ 4,646	\$ 1,072	8	\$ 93,851	\$ 7,821	\$ 1,805
				For each additional person:			
					\$ 9,528	\$ 794	\$ 184

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are there any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your child's school for further assistance.
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** If all children in your household attend a State of Hawaii Department of Education (DOE) public school you need only submit **one** application for the household. However, if some children within your household attend public charter schools or private schools you will need to contact those schools to attain the appropriate meal application form. For example, if there are four children in your household, one attends a public charter school, one attends a private school, one attends a public DOE elementary school, and one attends a public DOE high school, you would need to complete three separate application forms. We do not process applications for public charter schools or private schools. We cannot approve an application that is incomplete, so be sure to fill out all required information. Return the completed application to your child's school or mail it to: School Food Services Branch, 1106 Koko Head Avenue, Honolulu HI 96816.
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact your child's school immediately.
- 5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** Yes. Your child's application is only good for the last school year and for the first few days of this school year. Any applications approved prior to July 1, 2020 will not be applicable for the 2020-2021 school year. Unless you have received an eligibility notification for school year 2020-2021, you must complete a new application. Failure to complete a new application will result in a change to your child's status and your child will be charged full price for meals.
- 6. I RECEIVE ASSISTANCE FROM THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC). CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please submit an application.
- 7. WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
- 8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, should you or someone in your household experience a loss of wages or becomes unemployed you may choose to reapply and your child may be eligible for free and reduced price meals if the household income drops below the income limit.
- 9. WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION?** Please contact officials at your child's school. You also may ask for a hearing by calling or writing to: School Food Services Administrator, 1106 Koko Head Avenue, Honolulu, HI 96816.
- 10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
- 11. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1,000 each month, but you missed some work last month and only made \$900, put down that you made \$1,000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 12. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a "0" in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- 13. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- 14. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY?** List any additional household members and required information on a separate piece of paper, and attach it to your application.
- 15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for Hawaii SNAP or other assistance benefits, contact your local assistance office or call 211.
- 16. CAN I APPLY ONLINE?** Yes! We encourage you to complete an online application instead of a paper application if you are able. The online application has the same requirements and will ask you for the same information as the paper application. Visit ezmealapp.com to begin or to learn more about the online application process. Contact School Food Services Branch at 808-784-5500 if you have any questions about the online application process.

If you have other questions or need help, please contact your child(ren)'s school.

Yours truly,

Dr. Christina M. Kishimoto
Superintendent

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

Unpaid Meal Charge Policy

In accordance with the United States Department of Agriculture (USDA) Food and Nutritional Service (FNS) policy SP 46-2016: Unpaid Meal Charges - Local Meal Charge Policies and Hawaii Senate Bill 423, the following is the Department's policy:

- Students who are unable to pay for their meal at the point of service shall be allowed to incur (meal only) charges for the first 21 days of school;
- The parent/guardian shall be responsible to repay all meal charges that are incurred during the first 21 days of the school year; and
- After the first 21 days, unpaid meal charges should not exceed the cash equivalent of seven days.

Listed below are the total allowable chargeable amounts based on eligibility:

- o Reduced price student's meal charge limit is **\$4.90**.
- o Full Paid student's (K-8) meal charge limit is **\$25.20**.
- o Full Paid student's (9-12) meal charge limit is **\$26.95**.

Additionally, schools shall disallow the charging of a la carte or extra items by any child with a negative balance, regardless of the child's eligibility status.

Households may be reminded of their low lunch account balances by letters placed discreetly in take-home folders and/or phone calls. Parents may also set low balance reminders via EZSchoolPay.com where they can receive an email notification.

Parent/Guardian must pay off all student charges/loans. If a negative balance has been accumulated that is greater than the seven (7) day charge limit, students will not be able to purchase meals or other items until the negative balance is less than 7 days of charges.

All negative balances must be paid by the end of the school year.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

2020-2021 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Application # _____

School Date Stamp/School Code _____

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more space is required for additional names, attach another sheet of paper.)

A. Child's Legal Name (First, Middle Initial, Last)	B. Birthdate (MM/DD/YYYY)	C. DOE Student? Yes No	D. Grade	E. Name of the School	F. Check if Foster Child	G. Migrant, Homeless, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Check one: NO YES

Case Number: _____
Write only one case number on this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to Step 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL combined gross income received by all the children in the household. (Household Members listed in STEP 1 above).
Child Income: \$ _____
How Often? Weekly Bi-Weekly 2x Monthly Monthly

B. All Adult Household Members (including yourself)
List all household members not listed in Step 1 (including yourself) even if they do not receive income. For each Household Member listed with income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave fields blank. By leaving the fields blank you are certifying that there is no income to report.

Names of Adult Household Members (First and Last)	C. Earnings from Work		D. Public Assistance/Child Support/Alimony		E. Pensions/Retirement/All Other Income		How Often?	
	Weekly	Bi-Weekly	2x Monthly	Monthly	Weekly	Bi-Weekly	2x Monthly	Monthly
	\$			\$	\$			
	\$			\$	\$			
	\$			\$	\$			
	\$			\$	\$			

F. Total Household Members (Children and Adults) **G. Last Four digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member** Check if no SSN

STEP 4 Adult signature and contact information

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.

X Signature of adult completing this form _____
Street Address (if available) _____ State _____ Zip Code _____
City _____ Daytime Phone _____ Email (optional) _____
Printed name of adult completing this form _____ Today's Date _____

Return application to your child's school or mail directly to: School Food Services Branch, 1106 Koko Head Avenue, Honolulu, HI 96816

How to Complete Application
This application is to apply for free and reduced price meals for the 2020-2021 School Year. Applications submitted prior to July 1, 2020 will not carry over to this school year. If you choose to, you may opt to submit an electronic application online at eforms.hawaii.gov.

This application applies to students attending a State of Hawaii Department of Education public school. For charter school students, contact your child's school for the appropriate application form. Application should be legible, accurate and complete. Any errors found could deem the application incomplete or delay processing. Include ALL Household Members on your application. A Household Member is defined as "anyone who is living with you and shares income and expenses, even if not related."

STEP 1: LIST ALL CHILDREN IN HOUSEHOLD

- All Household Members 18 years and younger should be listed in STEP 1. They do NOT have to be related to you to be a part of the household.
- STEP 1A. Child's Legal Name (First, Middle Initial, Last)
 - Clearly print child's legal name, including middle initial if applicable.
 - Avoid using nicknames.
 - One child per line. If there are more than 4 children in the household, please attach a separate sheet of paper with all required information. Do NOT list unborn children. You may submit a new application once the child is born.
- STEP 1B. Birthdate
 - List student's correct date of birth: MM/DD/YYYY
- STEP 1C. DOE Student?
 - A DOE Student is a child who is enrolled at a DOE public school.
 - Answer "NO" if the child is not enrolled at a DOE public school, even if you intended to enroll the child later on in the school year.
- STEP 1D. Grade
 - List the grade level of child enrolled in a school.
- STEP 1E. Name of the School
 - Enter the name of the school that the child is enrolled.
- STEP 1F. Child's Foster Care Status
 - Check "YES" if the child is being cared for by a foster parent who is the responsibility of the State (or county) child welfare agency or who is formally placed by a court with a caretaker household.
- STEP 1G. Check if Migrant, Homeless, Runaway
 - A child is determined as Migrant by officials of the Migrant Education Program (MEP).

STEP 2: SNAP OR TANF?

If you or someone in your household participates in any of the following assistance programs, your children are eligible for free school meals. Check "YES" if you participate in any of the following:
SNAP - The Supplemental Nutrition Assistance Program
TANF - Temporary Assistance for Needy Families

- If no one in your household participates in any of the above listed programs, check "NO" and complete STEP 3.
- You may skip ahead to STEP 4.
- NO case number will result in an incomplete or delayed processing of your application.

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

If you are unsure of what income to include here, flip the page to review the charts titled "Sources of Income" for more information.

STEP 4: SIGNATURE AND CONTACT INFORMATION

All applications MUST be signed by an adult household member. By completing and signing this section, you are promising the information provided is true and complete. You certify that they have the back of this application. Contact information provided may be used by determining agency to obtain additional information in order to effectively process your application.

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults	
Sources of Child Income	Example(s)	Earnings From Work	Public Assistance / Alimony / Child Support
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI)
- Social Security benefits - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired or deceased, and their child receives Social Security benefits	- If you are in the U.S. Military include the following: - Base Pay - Cash Bonuses - BAH - COLA - Do NOT include combat pay, FSSA or privatized housing allowance.	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money		
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your child(ren)'s race and ethnicity. This information is optional and does not affect your child(ren)'s eligibility for free or reduced price meals. The information collected in this section is important and helps to ensure that we are fully serving our community.

Ethnicity (check one):

- Hispanic or Latino
 Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint form, (AD-3027) found online at <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410

fax: (202) 690-7442, or
email: program_intake@usda.gov
This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR DOE USE ONLY.

Total Income: _____ Per: Week, Every 2 Weeks, Every 4 Weeks, Every 6 Weeks, Every 8 Weeks, Every 10 Weeks, Every 12 Weeks, Every 14 Weeks, Every 16 Weeks, Every 18 Weeks, Every 20 Weeks, Every 22 Weeks, Every 24 Weeks, Every 26 Weeks, Every 28 Weeks, Every 30 Weeks, Every 32 Weeks, Every 34 Weeks, Every 36 Weeks, Every 38 Weeks, Every 40 Weeks, Every 42 Weeks, Every 44 Weeks, Every 46 Weeks, Every 48 Weeks, Every 50 Weeks, Every 52 Weeks, Monthly, Quarterly, Annually, Bi-Annually, Other _____
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Dual Eligibility: Foster(child)(ren) - Free Non-foster child(ren) - Free Reduced Denied Approved by Principal

Directly Certified: Extended Benefit Foster Child Migrant Homeless Runaway Approved by Principal

Categorical Eligibility: SNAP/TANF (based on provided number) Foster Child on an application

Eligibility: Free Reduced Denied (over income) Denied (other): Reason: _____

Incomplete/Missing: SS# HH Members Signature Other _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____

Date: _____

Date Withdrawn: _____