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Por favor, abra su navegador de Internet y escribe <u>www.myschoolapps.com</u>.





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→ C 🔒 https://www.mysch	oolapps.com/Home/PickDistrict			\checkmark	
		English 🗸	Help	Contact	
MY SCHOOL , Apps	Select Your School District Please select the school district that your children are enrolled in. This must be the school district in which you will be applying for benefits for your children. Search Tip Code Or State Select State T SEARCH				
Select Your School) District strict that your child or children are enrolled in. This must be the school district in which you will be appl	ying for benefit	s for you	r	
Search					
Zip Code	Enter Zip Code				
-	or				
State	Select State				

Please enter your home Zip Code or select "Colorado" from the drop-down menu. Click "Search." Desde la página Seleccione su distrito escolar, por favor ingrese su código postal en casa o seleccione "Colorado" en el menú desplegable. Haga clic en "Buscar."

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SCHOOL		
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Select Your Scho	ol District	
Please select the school di children.	strict that your child or children are enrolled in. This must be the school district in which you will be applying for benefits for	your
Search		
Zin Code	Enter Zin Code	
21p coue	Liner Zip Code	
	or	
State	Colorado	
	SEADCH	
Choose School Distric		
Choose Your District	Denver Public Schools	
	CELECT DISTRICT & CONTINUE	

Please locate "Denver Public Schools" from then select "Select District & Continue".



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Por favor, busque "Escuelas Públicas de Denver" de a continuación, seleccione "Seleccionar Distrito y continuar."



Click on "Begin application process." Haga clic en "iniciar proceso de solicitud."



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Please check mark "I have read and agree to the above terms" and then click "I agree to the Terms."

Por favor marca de verificación "He leído y acepto los términos anteriores" y haga clic en "Estoy de acuerdo con los Términos."



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Enter legally responsible person who will be signing the application. Ingrese la persona legalmente responsable que firmará la solicitud.

					English - Help	Contact O Q	uit Applicati
MY SCHOOL <i>flpps</i>							
enver Public Schools							
Terms of Use	structions He	ousehold Info	Students	Signer's Info	Household Members	Misc Info	Review
Application Guide	Help: Application (Frequently Asked	Guidelines and Questions					
Children need healthy meals may qualify for free meals of your district.	to learn. Denver Public r for reduced price meal	Schools offers heal s. The following table	thy meals every shows meal prio	school day. Your children ces for the schools in	Please review the instru- before proceeding. If yo contact your district usi the 'Contact' tab above.	ictions related to th ou have any questic ng the information	nis program ons, please provided in
Meal Costs For Denve	r Public Schools						
6	Bre	akfast Prices		unch Prices			
Category	Fuil	Reduced	Full	Reduced			
Elementary	\$0.00	\$0.00	\$1.85	\$0.40			
Middle School	\$0.00	\$0.00	\$2.10	\$0.40			
Application Guidelines Below is useful informatio	And Frequently As	ked Questions	outline the appl	ication guidelines and			
PLEASE READ THESE IMP	PORTANT INSTRUCTIONS	BEFORE PROCEEDIN	vG	*			
Who can get free and redt. All children in households the Food Distribution Prog (TANF (also known as Colo meals. Foster children that free meals. Children partic who meet the definition of free or reduced price mea Guidelines. Your children n below the limits on this ch	iced meals? receiving benefits from 1 ram on Indian Reservati rado Works) – Basic Casi t are under the legal res i pating in their school's f homeless, runaway, or is if your household's inc may qualify for free or re art.	the Supplemental Nu ons (FDPIR) or Temp Assistance or State ponsibility of a foster etead Start program - migrant are eligible f ome is within the lin duced price meals if	strition Assistance porary Assistance Diversion), are e care agency or c are eligible for frr for free meals. Cf its on the Feder. your household	e Program (SNAP), for Needy Family ligible for free court are eligible for ee meals. Children nildren may receive al income Eligibility income falls at or			
How do I know if my childr	en qualify as HOMELESS	, MIGRANT, OR RUN	AWAY?				



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Read Letter to Households and continue. Lea la carta a los hogares y en continuar.

	hools			
Terms of Use	Instructions	Household Info	Students Signer's Info	o Household Members Misc Info Review
Household	Information			Help: Household Information
Household Ca	e Numbers			Household Address
Please enter the ca	se numbers of the house	hold (if applicable) for whi	ch you are applying for meal bene	efits. Please enter the address of the household for which you
Household receiption	ives SNAP benefits.			listed on this application must reside at this address. If
Household receiption	ives TANF benefits.			you have any questions regarding how to proceed, please contact your district directly.
Household rece	ives FDPIR benefits.			
Household doe	a not receive such benefit:	5.		 If household receives both SNAP and TANF benefits, please select SNAP.
Address Inforr				
Please enter the a required.	Idress of the household fo	or which you are applying	for meal benefits. Fields in bold a	What is my TANF case number?
Address				If you have a TANF case number, the format should be a 7-digit number.
Address Line 2				What is my SNAP case number?
				If you have a SNAP case number, the format should be alphanumeric, 7 digits long and begin with 1B.
City			What is the SNAP Program?	
City State	Colorado		that is the start thogram.	
City State	Colorado		•	The SNAP program helps low-income people and families hus the feed they need for good health. You
City State Zip Code	Colorado Enter Zip Code		•	The SNAP program helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application
City State Zip Code Primary Phone	Colorado Enter Zip Code		• 	The SNAP program helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application form. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery
City State Zip Code Primary Phone Secondary	Colorado Enter Zip Code			The SNAP program helps low-income people and families buy the food they need for good health. You apply for benefits by completing a State application form. Benefits are provided on an electronic card that is used like an ATM card and accepted at most grocery stores. For more information on this program, please visit the USDA program website
City State Zip Code Primary Phone Secondary Phone	Colorado Enter Zip Code			The SNAP program helps low-income people and families buy the focus they need for good health You families buy the focus they need for good health You families they have been approvided on an electronic card that is used like an ATM card and accepted at most grocery stores. For more information on this program, please visit the USDA program website USDA SNAP Website

Please have all <u>required documentation</u> and begin entering Household information.

Por favor, tenga toda la documentación requerida y comenzar a introducir la información del hogar.





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Please click on Add Student.

Por favor, haga clic en Añadir alumnos.

A did Considerate an	*	statent records, prease enter the requested
	Application	application may be delayed, rejected, or benefits may
First Name	Johnny	awarded to the wrong student.
Middle Initial		🛦 Homeless, Migrant, Runaway, Headstart
Last Name	Applesed	If the student you are applying for is homeless, migrant, runaway, please contact the Denver Public Schools Homeless Liaison at 720-423-
Suffix		1980. If your child participates in the Headstart program please contact your school directly.
Birthdate	1-31-2001	
	(e.g. 01/31/2011)	
Gender	Male	
Foster Child	O Yes No	
Student Number	123456	
School	007 - G. Washington Middle School	
Grade	9th ·	
Enocial Circum	tapsos	
If this student is he	malacs, migraph, or supplying, shack the appropriate box above and sall the Deriver I	Bublic
School liaison at 7	20-423-1980.	- done
Homeless	Migrant 🔲 Runaway 📄 Headstart	
Ethnicity (Optic	nal)	
Enter this student'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)	
Aslan	White Black or African-American	

Please enter Student Information including Student Number.

Por favor, introduzca la información del estudiante, incluyendo el número de estudiante.



If Student is Homeless, Migrant (not Immigrant) or Runaway please check appropriate box. Si el estudiante es sin hogar, migrante (no inmigrante) o fugitivo por favor marque la casilla apropiada.



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If Student has income click 'Add Income' and enter Student Income information. If Student has no income click on the 'No Income' tab.

Si estudiante tiene ingresos clic en "Añadir Ingresos 'e introduzca la información de Ingresos del Estudiante. Si el estudiante no tiene ingresos clic en la pestaña "No Ingresos."



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Image: The structure of the second				
Denver Public Schools				
Special Schools Income Birthdate: 01/31/2001 Special Income School: G. Chington Middle School Foster Child: No School: G. Chington Middle School Foster Child: No School: G. Chington Middle School Foster Child: No Mame Special Income School: G. Chington Middle School Foster Child: No Marris No Birthdate: No Marris To DONE ADDINCISTUDENTS Manaway: Ro Marris No Stool: G. Chington Middle School Marris No Migrant: No Back TUDENT Marris To DONE ADDINCISTUDENTS Migrant: No				
Student Information Below are the students currently on the appl You must enter at least one student on your	ication. To 'add' or 'change' a student use t application to proceed.	he buttons and links below.	Help: Students On Your Application × 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.	
Name Birthdate: 01/31/2001 School: G chington Middle School Gender: T	Special Circumstances Foster Child: No Homeless: No Runaway: No	Income \$100.00 / wk	Information you will need Demographic (Name, School, etc) SNAP/TANF/FDPIR case numbers, if applicable Foster child status Income	
Grade: 9th BACK A STUDENT DONE ADDING	Migrant: No Headstart: No STUDENTS		A Homeless, Migrant, Runaway, Headstart If the student you are applying for is homeless, migrant, runaway, please contact the Denver Public Schools Homeless Liaison at 720-423- 1980 . If your child participates in the Headstart program please contact your school directly.	
			Your Household Address All students added to this application should reside at this address. 1112 eagle way Denver , CO 80237	

Click on 'Add Students' to continue entering all Denver Public School students or click on 'Done Adding Students.' Haga clic en 'Añadir los estudiantes para seguir introduciendo todos los estudiantes de las Escuelas Públicas de Denver o haga clic en' Adición de estudiantes Done.'



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MY SCHOOL <i>Ярря</i>					English≁ Help	Contact Ø Quit Application
Denver Public Sc	hools					
Terms of Use	Instructions	Household Info	Students	Signer's Info	Household Members	Misc Info Review
Terms of Use Instructions Household Info Students Signer's Info 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 Status Please choose the option that best describes you: I am an Adult member of this household I am an Adult member of this household I am an Adult member of this household Please the option name, as the person signing this application Please the option that best describes you: I am an Adult member of this household I am an Adult member of this household I am an Adult member of this household I am an Adult not use the person signing this application I am an Adult not use this application					Help: Signer Infor responsible person wh This must be an adult, you are a student appl must ask your parent c application, unles you case you may sign the: Emacipated Minn If you are a legally eman your social security nu yourself as the signer c	mation × ation about the legally owill be signing the application, or a legally emancipated child, if ing for benefits for yourself, you ir legal guardian to sign the are legally emancipated, in which application yourself. Sor neipated minor, you should cipated minor' status and omit meer. You should identify if the application in this situation.
First Name Last Name Your SSN Last 4 Of Your Social Security Number (SSN)		do not have a Social Secu umber	rity			

Please enter your information, as the person who will be signing this application. This must be the parent/guardian adult household member and enter the last four digits of your social security number <u>or</u> check the 'I do not have a social security number' box.

Por favor, introduzca su información, ya que la persona que va a firmar esta solicitud. Este debe ser el miembro de padre / tutor adulto del hogar e introduzca los cuatro últimos dígitos de su número de la seguridad social O arcar la casilla "No tengo un número de seguro social."

• • • • • • • • • • • • • • • • • • • •	no.myschoolapps.com/H	ouseholdMemberInfo	D					53
						English - Help	Contact 🛛 🖸 C	uit Application
MY SCHOOL <i>flpps</i>								
Denver Public Sc	hools							
	Instructions		Students	Signer's Info		Household Members	Misc Info	Review
Below are the non the buttons and li	-student household mem nks below. Mister Appleseed	bers currently on the	e application. To	add or edit a person	, use	Please enter all members have not already listed as person, use the buttons Information you wi	s of your househo s students. To add and links provided	old that you d or edit a d.
Income: None (No income)				The name of eachIncome	household memb	er		
• 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.				Your Household Ad	ldress added to this app	lication should		
Members' buttor button.						reside at this address.		



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Please enter all members of your household that are not listed as students. When completed click on the 'Done Adding Household Members' tab.

Por favor, introduzca todos los miembros de su hogar que no están listados como estudiantes. Cuando se haya completado, haga clic en la pestaña 'Hecho Adición de miembros del hogar.

99928							
Denver Public Sc	hools						
Terms of Use	Instructions	Household Info	Students	Signer's Info	Household Members	Misc Info	Review
Miscellaneo	ous Information	ı			Help: Miscellane	ous Information	
Please enter the in	formation requested be	low			Please enter the requ	ested information	
Contact Inform	nation						
Contact Informatio	n						
Email Address							
Confirm Conail							
Address							
Primary Phone							
Consideration							
Phone							
Information Di	sclosure						
Because health	insurance is so importa	nt to children's well-being, B that your children are al	the law allows yo	ur			
reduced price u	nless you tell them not t	o. Medicaid and SCHIP on	ly use the information	ation			
to identify child you to offer to e	ren who may be eligible enroll your children (Fillir	for their programs. Progra ng out the Free and Reduc	am officials may c ed Price School M	ontact leals			
Application doe	s not automatically enro	Il your children in health i pformation with Medicaid	nsurance). If you	do not select			
'No' below.	si alsa lee eo silar e your i		or seriir (piedse				

Please enter the information requested below to receive an email notifying you that your application has been submitted. This email notification does not mean you have been approved for meal benefits. You will also receive an eligibility letter by email indicating your approval status.

Por favor, introduzca la información solicitada a continuación para recibir un correo electrónico notificándole que su solicitud ha sido presentada. Esta notificación por correo electrónico no significa que haya sido aprobado para beneficios de comidas. También recibirá una carta de elegibilidad por correo electrónico indicando su estado de aprobación.



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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 CHiP program?	s 🔍 No

If you do not want the school district to share your information with Medicaid or CSHIP, please select 'No'. Si usted no quiere que el distrito escolar comparta su información con Medicaid o barco, por favor seleccione ' 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

This section is optional. Esta sección es opcional.



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C 🔒 https://demo.mys	choolapps.com/Application/Review			53
		English -	Help Contact	O Quit Application
Review & Sign Yo	ur Application	Help: Review	Your Applicati	on ×
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.			of the information If you need to ma	you have entered on ke any changes, adv to submit your
Applicant Stated Does	Not Qualify	application, chec	k the box provided	and type your full
Stated Does Not No Qualify			electronically sign district.	the application and
CHANGE STATED DOES NOT	QUALIFY			
Signer's Information				
Signer's Name	Mister Appleseed			
Signer's Status	Adult Signer does not have a SSN			
CHANGE SIGNER INFO				
Household Address				
Household Address	1112 eagle way			
CHANGE ADDRESS	Denver, CO 80237			
SNAP/TANF/FDPIR				
Case Type	None			
Recipient's Name	Not specified			
CHANGE HOUSEHOLD SNAP/	TANF/FDPIR			
Contact Information				
Email Address	chancey_cunningham@dpsk12.org			
Primary Phone	3033870100			
Secondary Phone	3033870100			
CHANGE CONTACT INFORMA	TION			
Students				
Name	Johnny Appleseed			
Birthdate	01/31/2001			
School	G. Washington Middle School			
Special Circumstances	None			
Income	\$100.00 / wk			

Please review all of the information you have entered on your application. If you need to make any changes, please do so now. When you are ready to submit your application, check the box provided that the above information is correct and type your full name to electronically sign the application and submit to your district. *Por favor, revise toda la información que ha introducido en su aplicación. Si necesita hacer algún cambio, por favor hágalo ahora. Cuando esté listo para enviar su solicitud, marque la casilla correspondiente que la información anterior es correcta y escriba su nombre completo con el fin de firmar electrónicamente la solicitud y enviarlo a su distrito.*



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-	o.myschoolapps.com/	Application/Finished					52	
					English - Help	Contact 🛛 🕴	Quit Application	
MY SCHOOL								
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Denver Public Sch	ools							
Terms of Use	Instructions	Household Info	Students	Signer's Info	Household Members	Misc Info	Review	
Your Applica	tion Has Been	Submitted Suc	cessfully		Help: Application	Submitted	×	
Thank you for submi below. Please use th district. If you provid information seen on Your MySchool/	Your Application Has Been Submitted Successfully Thank you for submitting your application online using MySchoolApps.com. Your application information is located below. Please use these reference numbers when inquiring about the status of your application with the school district. If you provided an email address during the application process an email has been sent to you with the information seen on this page. Your MySchoolApps.com Application Number				Your application has be information regarding left. Please use these re about the status of you district. If you provided application process an	en submitted suc this application is eference numbers r application with an email address email has been se	ccessfully. The located to the when inquiring the school during the ent to you with	
Denver Public Schoo	ils				the information seen o	n this page.		
10004 (Subm PRINT / VIEW APPL	ICATION	(GM1-07:00) MOU	intain Time (US & Ca	anada))				
• Your online app	lication has been subm	itted. You do not need to	o submit a paper ap	plication.				
NOTE: If you are ac	cessing this website fr	om a public computer	be certain to close	your browser or click the				
button below when	n you are finished to en	nsure your data is eras	ed from the brows	ser.				
CHER HERE TO EN	D TOOK SESSION							

Congratulations! Your application has been submitted successfully. *¡Felicitaciones! Su solicitud ha sido enviado correctamente.*

You will receive a confirmation email and the eligibility notification letter will be emailed to your email address within 10 business days.

Usted recibirá un correo electrónico de confirmación y la carta de notificación de elegibilidad serán enviadas por correo electrónico a su dirección de correo electrónico dentro de 10 días hábiles.