## **Online FRAM Application**

1. Login to your Campus Parent account and click on More on the left hand side.



2. Click Meal Benefits and then click 'Meal Benefits Application' to start the application



3. Review the Letter to Household with important information about the online application.

## Then click Next.



4. Review the Application Instructions and then click Next.

![](_page_1_Picture_4.jpeg)

5. You then must confirm your identity as the application signer click **Next** to get to each section. \**If any household members receive SNAP, TANF, or FDPIR, and you click yes on the screen that asks. Then enter the case number and it will skip some of the other sections.* 

Meal Benefits Application		
Signer Confirmation (Step 3 of 12)		
Please review the application signer's name and household address below. Confirm you are the person signing this online application by selecting 'Next'. Select 'Cancel' if you are not this person or if you do not wish to continue.		
, you have been identified as the household member signing this Meal Benefits Application.		
You are applying for meal benefits for all household members living at the address below. If the address is incorrect, please contact your child(ren)'s school to request a change.		
Primary Address:		
Morton Grove, 60053		
Previous Cancel Next		

## 6. Fill out the **Household Members** by selecting which students to include in the application.

Meal Benefits Application			
Household Members are listed below. You must confirm each person living in your household by selecting the 'Household Member' button. If a person listed below is no longer living in your household, do not select the 'Household Member' button. If there are persons missing from your household you will need to add them by selecting the 'Add Household Member' button. You are not allowed to edit existing household member information or uncheck the application signer. After you have identified and/or added household members select 'Next' to continue.			
Marchik, Jon SIGNER 03/02/1998 Gender: M		Household Member	
Tester, Brother 02/19/2015 Gender: M		Household Member	
Tester, Example 08/24/2010 Gender: N		Household Member	
Tester, Example 08/24/2010 Gender: N		Household Member	
Tester1113, San 01/01/2012 Gender: M	Golf Middle School (06)	Household Member	

7. Complete the **Children**, and **Gross Income** sections as applicable.

 Complete the Authorization section. Once you have agreed to it, review the Terms of Use and then electronically sign by clicking 'Yes' on the final 'I Agree' statement. Finally, click Submit.

Meal Benefits Application
Authorization (Step 11 of 12)
You must respond to the following questions and read the authorization statement below.
Sharing Information with Medicaid/SCHIP
Because health insurance is so important to child(ren)'s well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced meals, UNLESS YOU TELL US 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 Meal Benefits 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 Meal Benefits Application information with Medicaid? * Select One * No Yes
Sharing Information with Other Programs
If your child is eligible for free or reduced priced meals, he or she may also qualify to receive other benefits. You must give your permission for us to share your child(ren)'s name and meal eligibility status with staff in charge of other school programs. Filling out the Meal Benefits Application does not automatically qualify your child to receive other benefits.
Previous Cancel Submit

9. The application has now been submitted to the district for review and processing. You may review and print a submission notice. It will also be in your portal inbox.