



WELLNESS POLICY

If you are interested in participating with policy update and development as part of the Fort Payne City Schools wellness policy committee, please contact Dr. Laran Crowe at 256-845-9288 or via email at lcrowe@fpcsk12.com.

- Paypams (Online Payment Info) ▲▼
- Free and Reduced Meal Application (English) ▲▼
- Free and Reduced Meal Application (Spanish) ▲▼
- FPCS Nutritional and Wellness Policy ▲▼
- FPCS Charged Meal Policy ▲▼

[View All](#)

2019-20 Online Free and Reduced Lunch Application
 This is the website that allows you to fill out and submit and online version of our free and reduced lunch application.

<http://payschoolscentral.com>

ADPH Inspection Reports
<http://www.fpcsk12.com/Page/308>

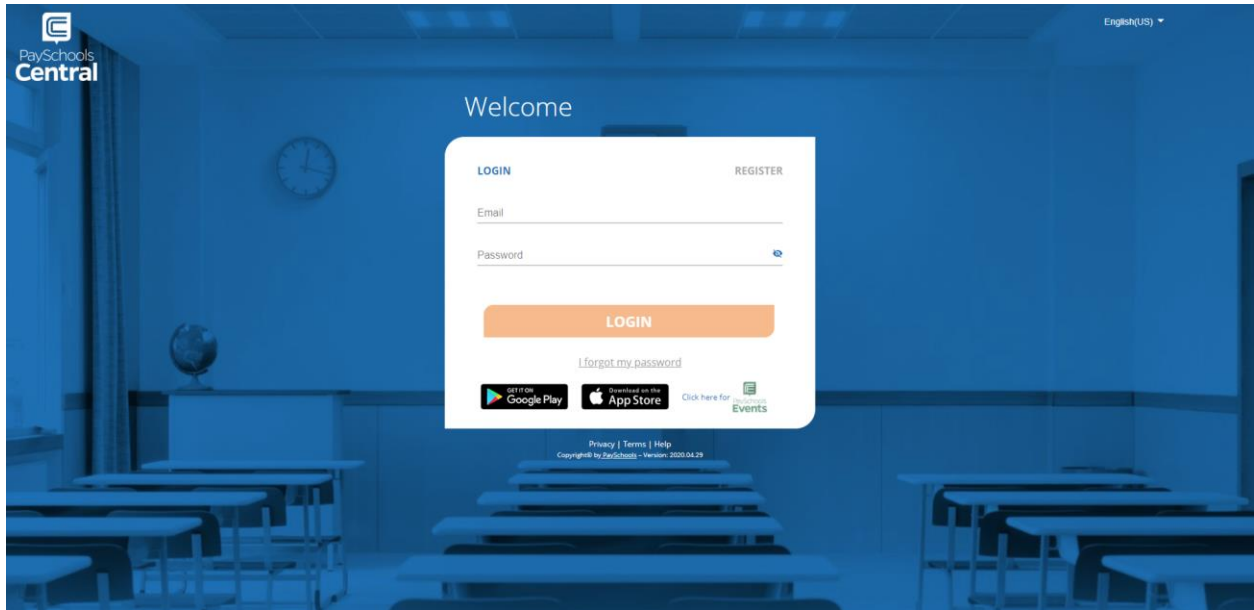
Action for Healthy Kids
<http://www.actionforhealthykids.org>

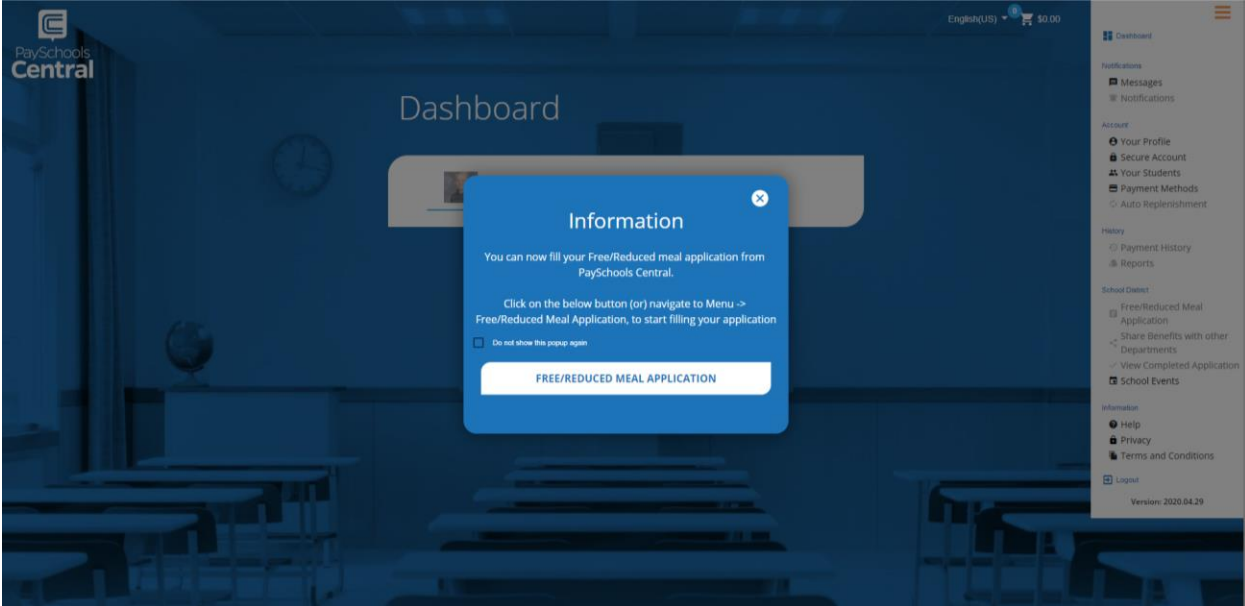
Dole Superkids
<http://www.dole.com>

Fruits Veggies and More Matters
<http://www.fruitsandveggiesmorematters.org>

[Open a new window](#)

From our school website, select the Payschools Central link.





Enter your contact information, or check current information for correctness.

YOUR CONTACT INFORMATION

First Name *

Last Name *

Email ID *

Address Line 1 *

Address Line 2

Zip Code *

City *

State *
Alabama

Phone Number

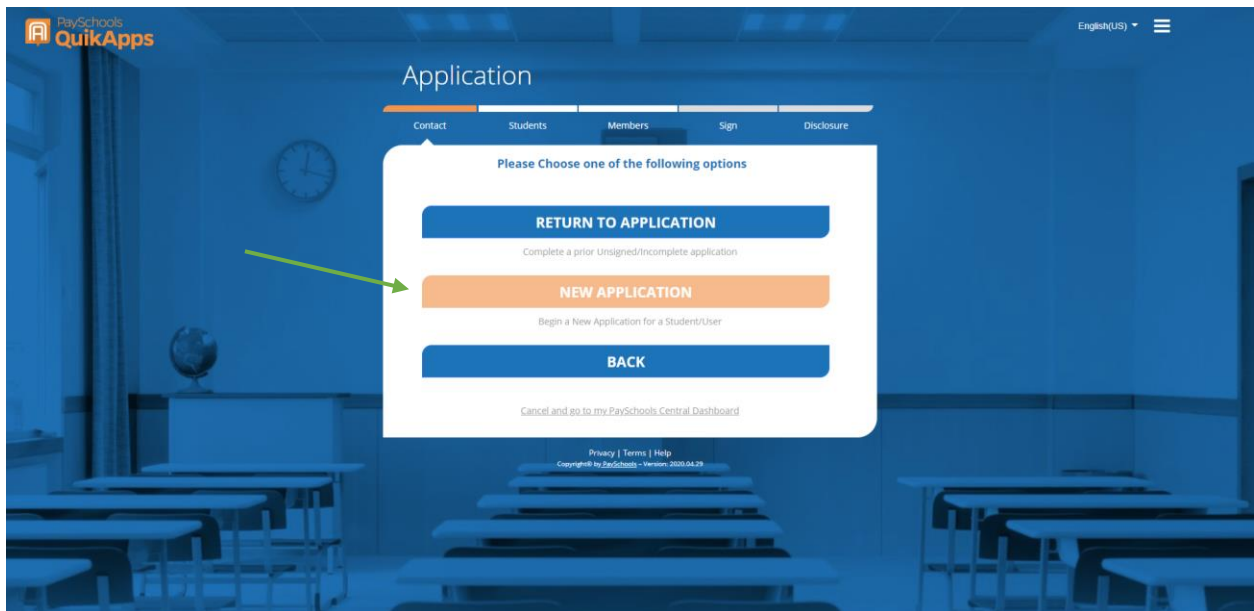
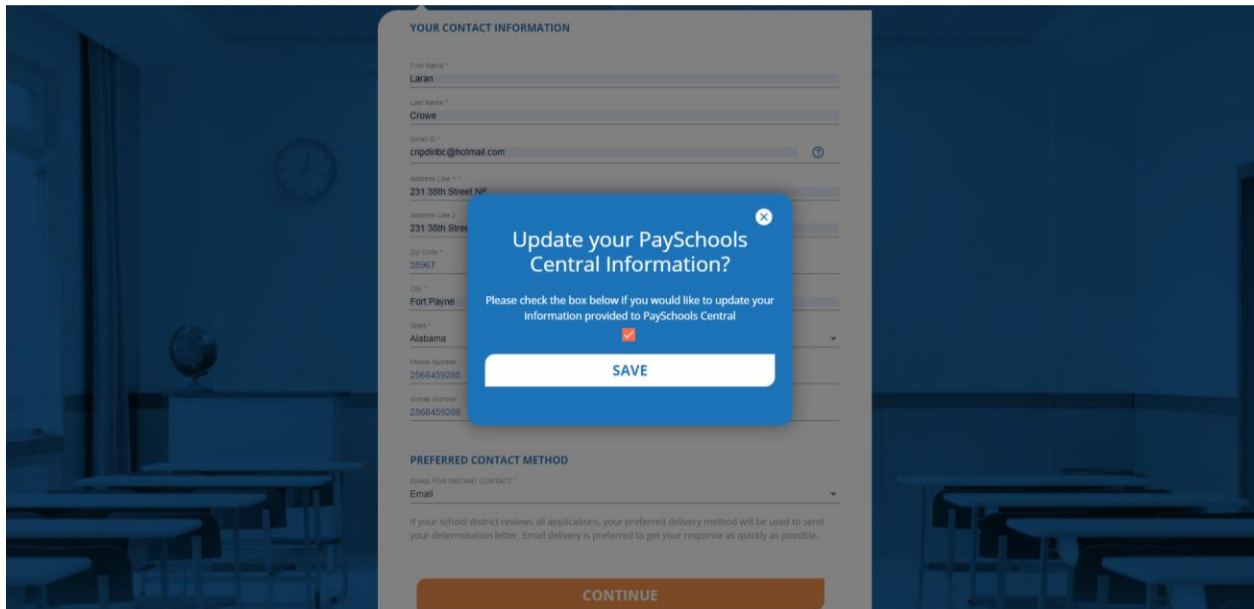
Mobile Number

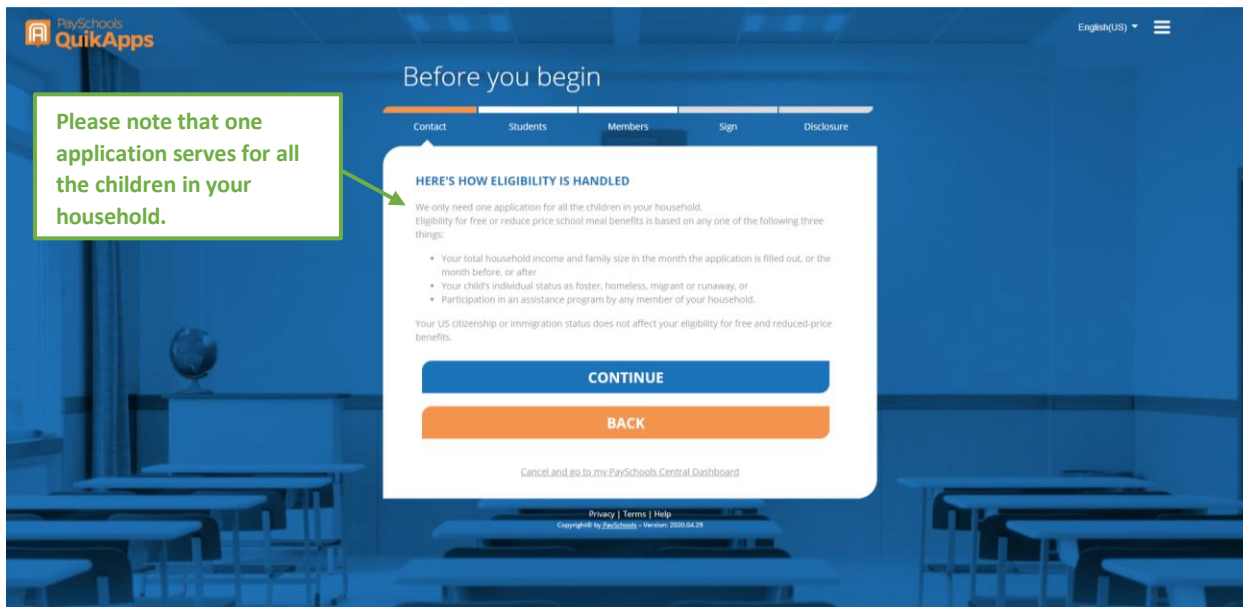
PREFERRED CONTACT METHOD

EMAIL FOR INSTANT CONTACT *

If your school district reviews all applications, your preferred delivery method will be used to send your determination letter. Email delivery is preferred to get your response as quickly as possible.

CONTINUE





Please note that one application serves for all the children in your household.

HERE'S HOW ELIGIBILITY IS HANDLED

We only need one application for all the children in your household. Eligibility for free or reduce price school meal benefits is based on any one of the following three things:

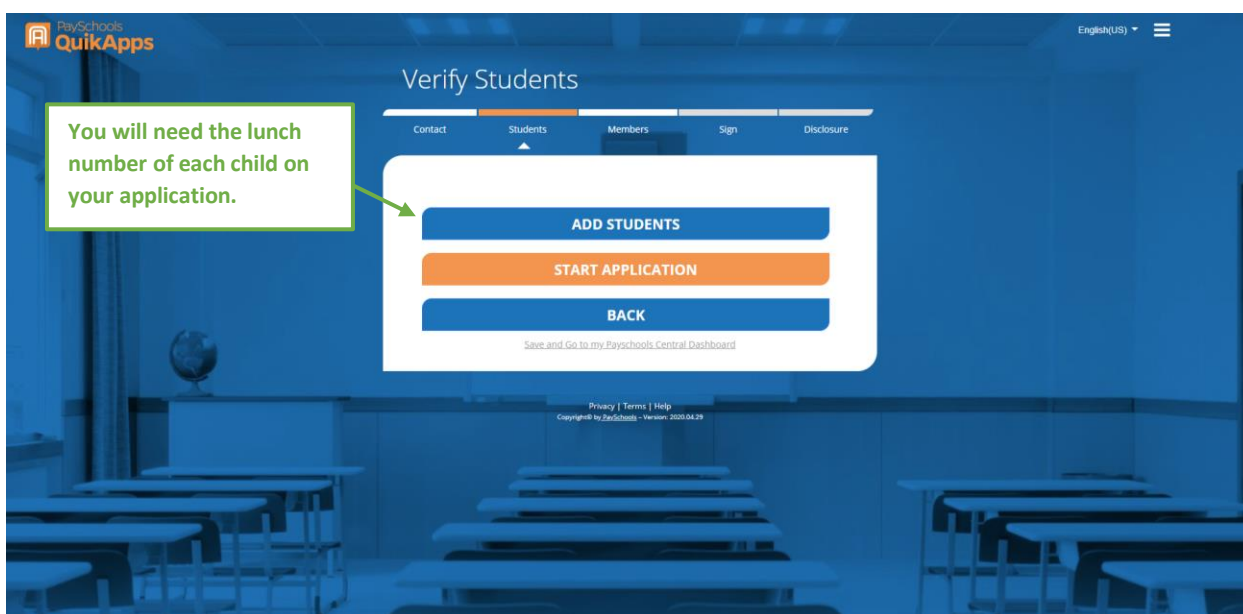
- Your total household income and family size in the month the application is filled out, or the month before, or after
- Your child's individual status as foster, homeless, migrant or runaway, or
- Participation in an assistance program by any member of your household.

Your US citizenship or immigration status does not affect your eligibility for free and reduced-price benefits.

[CONTINUE](#)

[BACK](#)

[Cancel and go to my PlaySchools Central Dashboard](#)



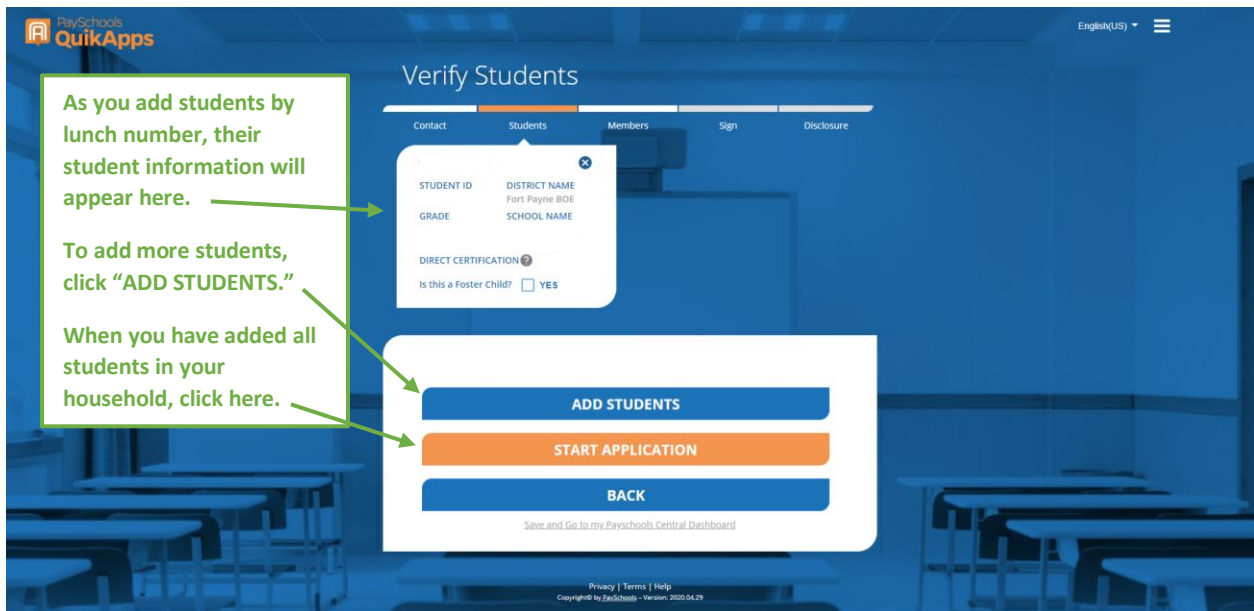
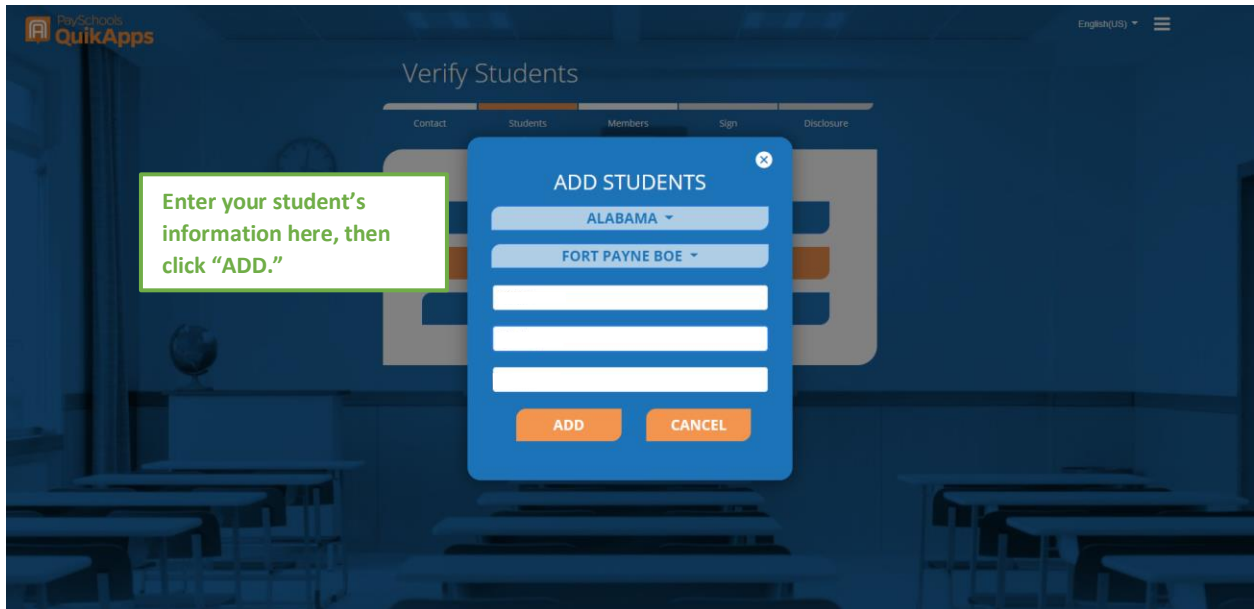
You will need the lunch number of each child on your application.

[ADD STUDENTS](#)

[START APPLICATION](#)

[BACK](#)

[Save and Go to my PlaySchools Central Dashboard](#)



Student Assistance

Contact
Students
Members
Sign
Disclosure

Follow directions and prompts to complete your application.

Let's determine if your student has state assistance or sources of income.

Some common sources of income for children are:

- A full-time or part-time job, or
- Supplemental Security Income (SSI), if the child is disabled, Social Security benefits for children of a disabled, retired, or deceased parent, or
- Money regularly received from extended family or friends outside of the household, or
- Money from a pension, annuity, or trust

Do not include infrequent earnings, such as income from occasional baby sitting or mowing lawns.

Please answer for each of your students / patrons below.

Step 1 of 2

Select Assistance Type *

None of These

Select Source Situation *

None of These

Does have income? Please select the checkbox to enter income details. Yes No

CONTINUE

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Verify Members

Contact
Students
Members
Sign
Disclosure

You have been added automatically as a member to this application, but there may be additional members in your household. Please remove or add members to this application based on the following definition:

A member is defined as:

- Students that are in grade 12 or below and attend school in another school district
- Children that attend all day care or pre-school, or are not of school age, including infants
- Anyone 18 years of age or younger living in your household that does not currently attend school
- Grandparents or other extended family members that are living with you
- Also include people that are not currently living with you, but are only away on a temporary basis, like:
 - Kids that are away at college
 - Members of your family that are in the military, and are deployed

Include people regardless of age or whether they earn or receive income.

Step 1 of 2

+

ADD MEMBER

CONTINUE

BACK

View and Go to my Pkyschools Central Dashboard

Member Assistance

Contact Students **Members** Sign Disclosure

Lets determine if your member has state assistance or sources of income

Do the members have income from the following sources?

Remember to report current, gross income.

Search Assistance Type *

None of These

Does have income? Please select the checkbox to enter income details Yes No

CONTINUE

BACK

Save and Go to my RaySchools Central Dashboard

Statements

Contact Students **Members** Sign Disclosure

USE OF INFORMATION

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.

USDA NON DISCRIMINATION STATEMENT

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: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

Summary and Review

Contact Students Members **Sign** Disclosure

YOUR APPLICATION IS ALMOST COMPLETE!

Please confirm the details below. Use the Edit links below to make changes, once done you will return to this screen, or you can use the Continue button to move to the final steps.

MEMBERS EDIT

STUDENTS EDIT

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 purposefully give false information, that my children may lose meal benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.

I Agree

CONTINUE

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Sign your Application

Contact Students Members **Sign** Disclosure

SIGN YOUR APPLICATION

We are required to ask for information about race and ethnicity of the students that are applying for the program. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

SIGNER:

Please provide the last four digits of your/the signer Social Security number. If you do not have a Social Security number, please check the box below labeled 'No SSN/Not Applicable.'

Last 4 of SSN: ***-**-****. Enter last 4 digit of SSN *

No SSN/Not Applicable

Preferred Language *
English(US)

ELECTRONIC SIGNATURE

I Certify (promise) that all information on this application is true and that all income is reported.

CONFIRM PASSWORD *

SIGN

Success

[Contact](#) [Students](#) [Members](#) [Sign](#) [Disclosure](#)

APPLICATION APPROVED

Thank you for completing your Free and Reduced Meal Application for your district. You can request your Determination letter to be downloaded, sent to you via email, or to request the district mail the letter to you. If your child, or children, were determined eligible for free or reduced priced meals the benefit is effective immediately. If a meal was sold today, prior to the completion of your application, the meal price will be adjusted, and a credit applied automatically.

Please keep this letter for the entire school year, as your district may allow you to present it to other departments for reduction of fees and activity costs, or for verification purposes. In addition, some state or companies in your area may request this for a reduction in cost for electric and/or internet, and you may want to contact them directly to see if you qualify.

If you have any questions, please reach out directly to your school for assistance now that the application process is complete.

DOWNLOAD & PRINT

EMAIL

STANDARD MAIL

CONTINUE