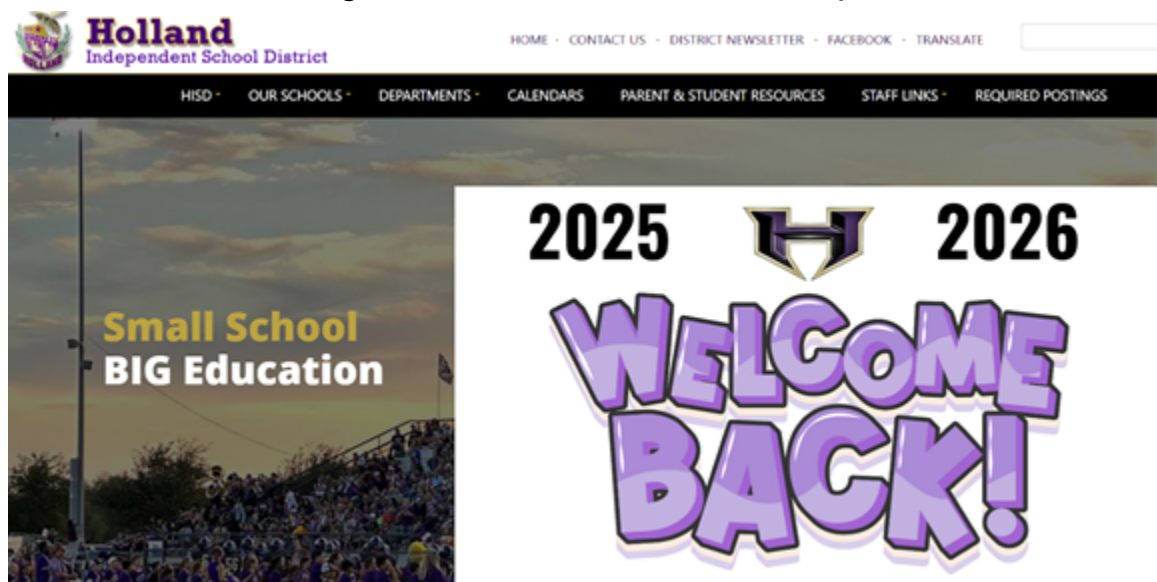
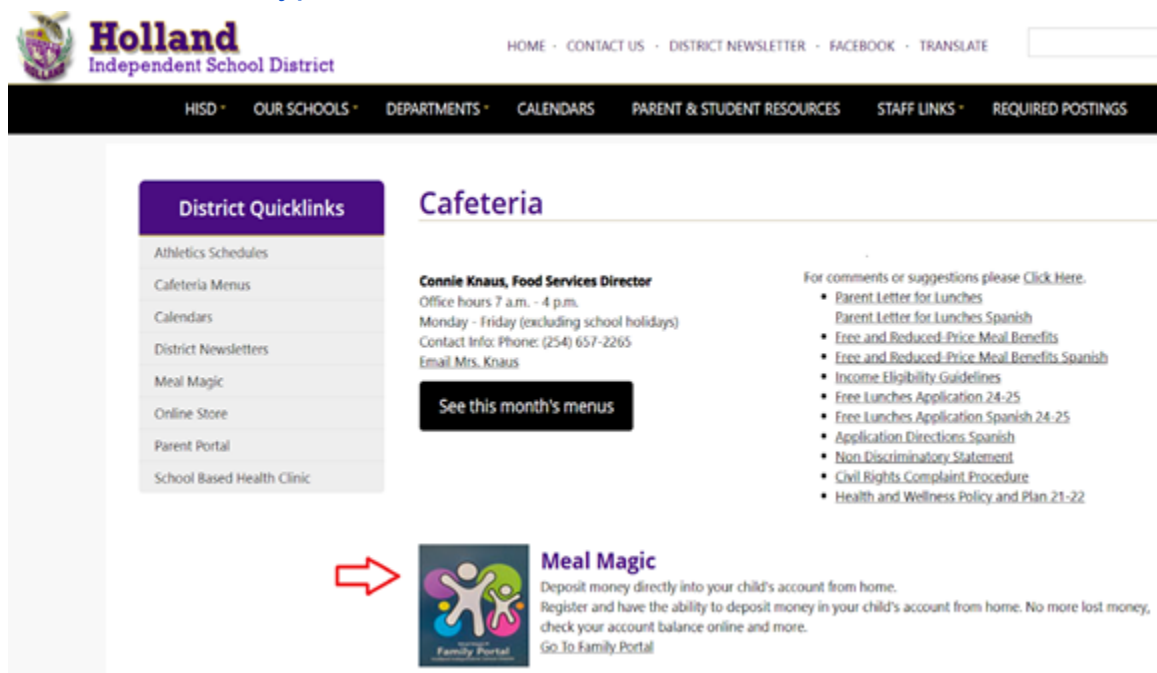


Meal Magic is the Holland ISD online lunch payment system. Please visit the Holland ISD website, [hollandisd.org](http://hollandisd.org), Cafeteria site, under the Departments tab.

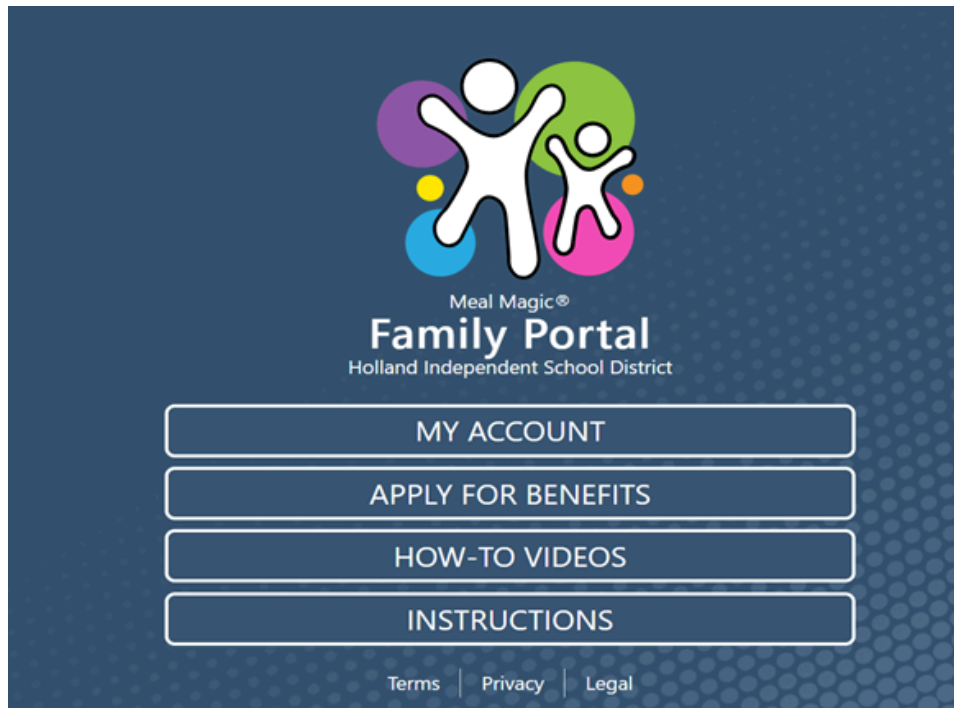


Navigate to the Meal Magic logo and click on the Go to Family Portal Link

<https://hollandisd.familyportal.cloud/>



Here you can either click my account or apply for benefits. You do NOT have to create an account, but the only way to see if you qualify for free or reduced meals is to apply for benefits through this portal.



To apply for benefits, click on the Apply for Benefits. There will be Application Instructions with meal prices and Federal Income Eligibility Guidelines for the 25-26 school year. Once you have read this information scroll to the bottom and click the NEXT button.

## Application Instructions

Dear Parent/Guardian:

Children need healthy meals to learn. Holland Independent School District offers healthy meals every school day. Your children may qualify for free meals or for reduced price meals. Below are some common questions and answers to help you with the application process.

The following table shows meal prices for the schools in your district:

School Name	Breakfast Price		Lunch Price	
	Reduced	Full	Reduced	Full
Holland Elementary	\$0.30	\$1.25	\$0.40	\$2.55
Holland High	\$0.30	\$1.25	\$0.40	\$2.80
Holland Jr	\$0.30	\$1.25	\$0.40	\$2.55

### 1. Who can get free or reduced price meals?

- All children in households receiving benefits from SNAP, FDPIR or TANF, are eligible for free meals.
- Foster children that 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.

## Add ALL Household Members starting with the children in your home



### Children

Add ALL Household Members who are infants, children, and students up to and including grade 12. A Household Member is anyone who is living with you and shares income and expenses, even if not related.

Children

Add Child

BACK

NEXT

You will fill this portion out for each child in your home including infants. Once you have completed the form to the best of your ability click DONE. This will navigate you back to the Children page where you will click Add Child if you have additional children to add to the application.

Add Child

First Name

Middle (optional)

Last Name

☒ Child attends school in this district

School (optional)

Grade (optional)

Birthdate (optional)

mm/dd/yyyy

Student ID (optional)

Living with Parent or Caretaker Relative (optional)

☐ Child is a foster child that is the legal responsibility of a welfare agency or court

☐ Child is a migrant

☐ Child is a runaway

☐ Child is homeless

CANCEL

DONE

Once you have entered all the children in your Household you will hit NEXT, where it will take you to the Benefits Screen. Click on the drop down under Benefit Type to indicate which assistance program and enter the case number. If there is none, select NONE and hit NEXT



## Benefits

If ANY Household Member participates in SNAP, TANF, or FDPIR, indicate which assistance program and enter the Case Number.

Benefit Type

None

BACK

NEXT

Now you will add all the Adults that live in your Household. Once you have completed the form to the best of your ability click DONE. This will navigate you back to the Adult page where you will click Add Adult if you have additional adults to add to the application if not click NEXT



## Adults

Add ALL Household Members (including yourself) not included as children.

Members

Add Adult

☐ By clicking Next, you are certifying (promising) that this is exactly the amount of people living in your home: 1

BACK

NEXT

On the next page you will see all the individuals that you have previously entered. Here you will confirm income for each person. If there is no income enter \$0.00. You will have to do this on each entry including children

### Household Income

You must tell us how much income each household member receives and how often they receive it. To enter income for a person, click their name. When you are done, click the Next button.

Members

	>	←
	>	←

BACK

NEXT

Next you will enter the last 4 digits of your SSN and click NEXT

### Social Security Number

Please provide the last four digits of the Social Security number for the person that signed at the beginning of the application does not have a Social Security number, please check the box below labeled 'No Social Security Number'.

If that person

Last 4 of SSN

☐ No Social Security Number

Contact Information, this information is used by the Cafeteria Administrator only.

### Contact Information

Please enter your contact information so that we can reach you in case there are any issues with your application.

Address Line 1 (optional)

Address Line 2 (optional)

City (optional)

State (optional)

ZIP (optional)

BACK

NEXT

## Ethnicity & Race

We are required to ask for information about your children's race and ethnicity. 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. You may select one ethnicity and one or more race(s).

**Ethnicity** (optional)

None

**Race** (optional)

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

BACK

NEXT

Final Review, please take this time to verify the information that you have entered for your application.

## Final Review

Here is a summary of the information you provided. If everything looks good, click the 'Next' button at the bottom of the page. If you would information, click it to go back.

Children

Adults

Benefits

Household Income

Please CLICK the signature line and Click FINISH.

Thank you for filling out the online application on Meal Magic.