

How to apply for F/R Meals through LINQ Connect (*formerly, Titan Family*)

- Now that you've set up your FREE LINQ Connect account, will be able to:
 - View your students Meal Account Activity
 - Apply for Free and Reduced meals
 - o Set spending restrictions or limits to your students account
 - Transfer account balances between students (<u>for parents with</u> <u>multiple children only</u>)
 - o View school menus and check student account balances

* Student account balances are updated 3 times per day. Twice before the start of lunch and once in the evening. Any payments made to your child's account will be reflected in Titan (not PaySchools Central) after these uploads take place each day.

- Go to the following web address: <u>https://linqconnect.com/</u>
- At far right, top of the home page, click on the button labeled, 'Login'. *If you do not have a LINQ Connect Account, you can apply for 'Free and Reduced' benefits by clicking on 'Start Meal Application'. See below.

INQ Connect	
Welcome to LINQ Connect!	Meal Application ^
Join the LINQ Connect Community!	Start your Meal Application here!
As an account holder, you can use LINQ Connect for on demand access to your student's school account.	START MEAL APPLICATION

• Enter your username and password. Click enter.



* If you have forgotten your password, click on the 'forgot password'. Verify your email address is correct and click on 'Continue'. An email will be sent to the address you listed during the initial registration process.



• Once Logged into your LINQ account, and to apply for Free and Reduced meals, click on 'Start Meal Application'.

Meal Applicatior	ר ^
Start your Meal Applicat	tion here!
S	TART MEAL APPLICATION
Language English	•

• On the next screen, you will click on 'New Application'.



• You will be taken to the below screen. Type in 'West Clermont' and then select the district below. Click 'Next'.

Meal Application	
General Info	
General Information Please find your district, enter the information of the household member completing the application then click Next to continue. District * West Clermont West Clermont Used School District (Cincinnati, Ohio)	

• You will be taken to the below screen. Confirm your district and enter the requested information. Click 'Next'.

3 General Info	Additional Questions	3 Letter to Household	④ Students	B Household Members	6 Review	🕜 Submi
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Nease find your dist	rict, enter the information of the ho	usehold member completing the a	pplication then click Nex	t to		
Vest Clermont Local	l School District (Ohio)					
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iousehold street ad	dress (optional)					
Address						
Country United Status				-		
United states						
City		Ohlo	* Postal Code			
aytime Phone Num	ber And Email Address (optional)					
Phone		Email				
to any Household M	embers (including you) currently pa	rticipate in an assistance program?	2			
Assistance Program				*		

• On the next page, you were asked, "Do you wish to share your Free and Reduced Meal Application Information with other programs?* By selecting yes to this question, you are agreeing to have your approval status shared for the purposes of having your school fees waived or approving your student for weekend meals (where available). *Note: This question must be answered before moving to the next step.

🖉 General Info	Additional Questions	(3) Letter to Household	(4) Students	(5) Household Members	Beview	⑦ Submit
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Do you wish to share other programs? *	your Free and Reduced Meal Appli	cation information with				
		-				
DACK						NEXT

• On the next page, you will see a list of questions and answers. Read thoroughly. Click 'Next'.

	WEST CLERMONT LOCAL SCHOOL DISTRICT 4350 AICHOLTZ ROAD, SUITE 220 CINCINNATI, OHIO 45245	
	NOW AVAILABLE – ONLINE FREE AND REDUCED LUNCH APPLICATIONS You can now apply online for your children to receive free or reduced price school meals. Your application will be sent from a secure website for processing, so you don't need to worry about filling out a paper form. To apply, simply go to www.family.titank12.com and click "Apply For Meals Today"; then choose "West Clermont Local School" when prompted to select a district. This site is an easy, secure and convenient way to apply for free or reduced price meals.	
	Reduced price is .30 cents for breakfast and .40 cents for lunch.	
1.	Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. <u>Use application for all students in your household</u> . We cannot approve an application that is not complete, so be sure to fill out all requi information. If there isn't enough space on the application, list any additional household members on a separate piece of paper, attach it to the application. Complete the online application or Return the completed paper application to your school principation.	<u>one</u> iired and pal.
2.	Who can get free meals? All children in households receiving benefits through the Supplemental Nutrition Assistance Prog (SNAP) or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free mea your household's gross income is within the free limits on the Federal Income Guidelines.	ram als if
	STOP! If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, do not complete the application. Do let y school know if any children in your household are not listed on the Notice of Direct Certification letter your received.	your
4.	Can foster children get free meals? Yes, foster children that are under the legal responsibility of a foster care agency or court, eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.	are
5.	Can homeless, runaway and migrant children get free meals? Yes, children who meet the definition of homeless, runaway migrant qualify for free meals. If you have not been told your children will get free meals, please call Eric Dool at 943-5000 or er dool_e@westcler.org to see if they qualify.	′, or mail
6.	Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price lin on the Federal Elicibility Income Chart shown on this application.	mits
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• On the next page, you will be asked to add all <u>students currently enrolled</u> in West Clermont. Click, 'Add Student'.

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Sometimes children in	the household earn income. Please include the	TOTAL income earned by all infants, children,	and students up to and including gro	de 12. 🔞		
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• Enter in student information. *If entering more than one enrolled student information, click 'Save & Add New'. Once all students have been entered, click, 'Save & Close'.



• After adding all WC students, add any student income below. Click 'Next'.

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• Enter the total number of household members (including yourself, infants, etc.) even if they do not have an income.

General Info	tons Letter to Household	Students	6 Household Members	6 Review	⑦ Submi
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ohn Doe Senior		\$13,847.88 Annually			1
ane Doe Doe		\$150.00 Weekly			
			items per 10	* 1 - 2 of 2 <	> Page: 1
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• Add each member of your household (including yourself, infants, etc.) even if they do not have an income. **Students do not need to be entered again*.

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• When all household members have been added, click 'Next'. *If entering more than one household member, click 'Save & Add New'. Once all members have been entered, click, 'Save & Close'.

		A 0 5 6) ±
		Household Member	×
	ents (i) Household Members	(i) The John Last Marrie * Dee Senior	
de students from previous page).		Report total income (before taxes) for each source in who dollars only. If no income is received from any source, leave the fields blank. By delng so, you are certifying (promising) there is a income for remort.	° @
		Work	
		\$999.99 How allest? *	~
		Welfare, Child Support, Alimony	
		\$154.00 (Monthly)	*
		Pension, Retirement, Other	
		\$0.00 Annually	*
		Unemployment	
		\$0.00 Annually	*
ADD HOUSEHOLD MEM	IER		
		CANCEL SAVE & ADD NEW SAVE &	CLOSE

- Review your application.
- If any area needs edited, click on the blue pencil to the right of the category. Once all edits have been made and if all other areas are correct, click 'Next'.



• Once all edits have been made and if all other areas are correct, click 'Next'.

EXPORT -		Items per 10 page:	* 1 - 2 of 2	> Page: 1
Student Income \$0.00 Annually				
Household Members 🖌 Total Household Members. 4				
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Name	III Vege			=
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		items per 10 page:	• 1 - 2 of 2	> Page: 1
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• On next screen, enter ethnicity and race or 'Not Answered' from the drop down box.

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emographics						
are required to ask	for information about your children's race a	nd 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 y
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certify (promise) that formation. I am aware	all information on this application is true ar that it i purposely give false information, my	d that all income is reported. I understan children may lose meal benefits, and I may	d that this information is given i be prosecuted under applicable	n connection with the receipt of Federal f State and Federal laws."	unds, and that school officials r	wy verity (check) t
igned By *			Last 4 digits of SSN			
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to Rishard B. Ressell N. eds. You must include other child or you list a sun child or you list a sun child or when you i fininistration and onlose to program reviews, and accordance with Red- lentity and sexual orien rogram information ma anguage), should conta-	ational School Lusch Act requires the inform the lust from digits of the social society in Supplemental Multiton Assistance Proglam Common of the lusch and Proceedings program law contrectment officials to help them loos in click it rights are and U.S. Department of rational, disbibility, age, or reprisal or retaining to be made available in languages other the tit the responsible state or local agency that	atation on this application. Nou do not have intered of the primary wage earner or either (DINAC), temporary Assistance for Needo', L'ANNE (DINAC), temporary Assistance (DINAC), temporary assistance into Modulators of program rules. University of the second second of the processing of the second second of the program of UBDA's TARTORS administrate the program of UBDA's TARTORS	to give the information, but if ye adult household member who arantike (IANP) Hogam or Tood inflavecuity number. We will use with education, hosith, and nu with education, hosith, and nu and policies, this institution is p equire alternative means of cor Center at (202) 720-2800 (voice	a do not submit all needed information, where the security in Distribution Program control in Security in Distribution Program control in Security in Propriation of the Security in the security in the security of the se	e cannot approve your child for umber is not required when you not 010700 case number or other dis weighber for fever or reduced od, or determine benefits for this a of rase, color, national origin, a for ase, color, national origin, or (e.g., Bratile, large print, audi Irral Relay Service at (BCO) 977-9	free or reduced pri apply on behalf or r FDTRI tokentifier price meaks, and if programs, auditi iex (including geno ptapo, American S 330.
ter all of the informati	on 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:	TWITTE A LETTER AUGRESSED TO US	and provide in t
mail: U.S. Department fice of the Assistant 5 00 independence Aven ashington, D.C. 20210	of Agriculture icretary for CML Rights us, SW 0410;					
fax: (202) 690-7442; or						
email: program.intake;	gusda.gov.					
is institution is an equ	al opportunity provider.					

• Type your name and enter the last four of your social security number (or click, "I do not have a social security number"). Click 'Submit'.

leal Application					
General Info Additional Questions	Letter to Household	Students	Household Members	Review	🕜 Sub
Sign & Submit					
Please review the entered information before continuing to se	ubmit the application				
Demographics					
We are required to ask for information about your children's children's eligibility for free or reduced price meals.	s race and ethnicity. This information is important	and helps to make sure we are	e fully serving our community. Responding	to this section is optional and	does not affect y
Ethnicity	Rece				
Not Answered	Unknown				
Enter the name of the household member comp	eting the application.				
'I certify (promise) that all information on this application is information. I am aware that if I purposely give false informat	true and that all income is reported. I understand ion, my children may lose meal benefits, and I may l	that this information is given i be prosecuted under applicable	n connection with the receipt of Federal fi State and Federal laws."	unds, and that school officials r	may verify (check) t
Signed By *		Last 4 digits of SSN			
		No SSN			
The Richard B. Russell National School Lunch Act requires th meals. You must include the last four digits of the social see foster child or you list a Supplemental Nutrition Assistance your child or when you indicate that the adult household m administration and environment of the lunch and breakfast for program reviews, and Law enforcement officials to help the	e information on this application. You do not have t urity number of the primary wage earner or other r Program (SNAP), Temporary Assistance for Needy Fs maber signing the application does not have a soci organars. We may share your eligibility information em look into violations of program rules.	o give the information, but if ye adult household member who milles (TANF) Program or Food al security number. We will use with education, health, and nu	w do not submit all needed information, w laps the application. The social security n Distribution Program on Indian Reservatio your information to determine If your chi riftion programs to help them evaluate, fur	e cannot approve your child for imber is not required when you ns (FDPIR) case number or othin id is eligible for free or reduced d, or determine benefits for the	free or reduced pr u apply on behalf o er FDPIR identifier d price meals, and eir programs, audit
n accordance with federal civil rights law and U.S. Departm dentity and sexual orientation), disability, age, or reprisal or r	ent of Agriculture (USDA) civil rights regulations ar etaliation for prior civil rights activity.	nd policies, this institution is p	rohibited from discriminating on the basis	of race, color, national origin,	sex (including ger
Program information may be made available in languages o anguage), should contact the responsible state or local ager	ther than English. Persons with disabilities who re icy that administers the program or USDA's TARGET	quire alternative means of cor Center at (202) 720-2600 (voice	nmunication to obtain program informatio and TTY) or contact USDA through the Fed	n (e.g., Braille, large print, audi eral Relay Service at (800) 877-8	iotape, American 1 3339.
to file a program complaint of discrimination, complete the etter all of the information requested in the form. To request	USDA Program Discrimination Complaint Form, (AD- a copy of the complaint form, call (866) 632-9992.	3027) found online at: How to I Submit your completed form or	The a Complaint, and at any USDA office, or letter to USDA by:	write a letter addressed to US	DA and provide in
1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-3410;					
2. fax: (202) 690-7442; or					
8. email: program.intake@usda.gov.					
This institution is an equal opportunity provider.					
RACK					

• Once the Application has been submitted, a box with your reference code will pop up. Keep this for your records. Click 'Okay'.

t Meal Application					
@ General Info	🖉 Letter to Household	Students	Household Members	Review	🕜 Subr
Sign & Submit					
Please review the entered information before continuing t	o submit the application				
Demographics					
We are required to ask for information about your childr children's eligibility for free or reduced price meals.	en's race and ethnicity. This information is important a	nd helps to make sure we are	e fully serving our community. Responding	to this section is optional and	does not affect y
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*I certify (promise) that all information on this application information. I am aware that if I purposely give false inform	n is true and that all income is reported. I understand mation, my children may lose meal benefits, and I may b	that this information is given i e prosecuted under applicable	in connection with the receipt of Federal fr State and Federal laws."	unds, and that school officials m	ay verify (check)
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1400 Independence Avenue, SW Washington, D.C. 20250-9410;					
3. email: program intakedusda.rov.					
This institution is an equal opportunity provider.					_
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*Note: You must apply for Free or Reduced Meals <u>every</u> school year. The School year runs from July 1st thru June 30th. Applications for the upcoming school year will be available after July 10th each year.

**Note: We are unable to process payments for Breakfast and Lunch accounts through LINQ Connect. To make payments to a student's meal account, pay school fees, etc. please visit <u>https://www.payschoolscentral.com</u>.