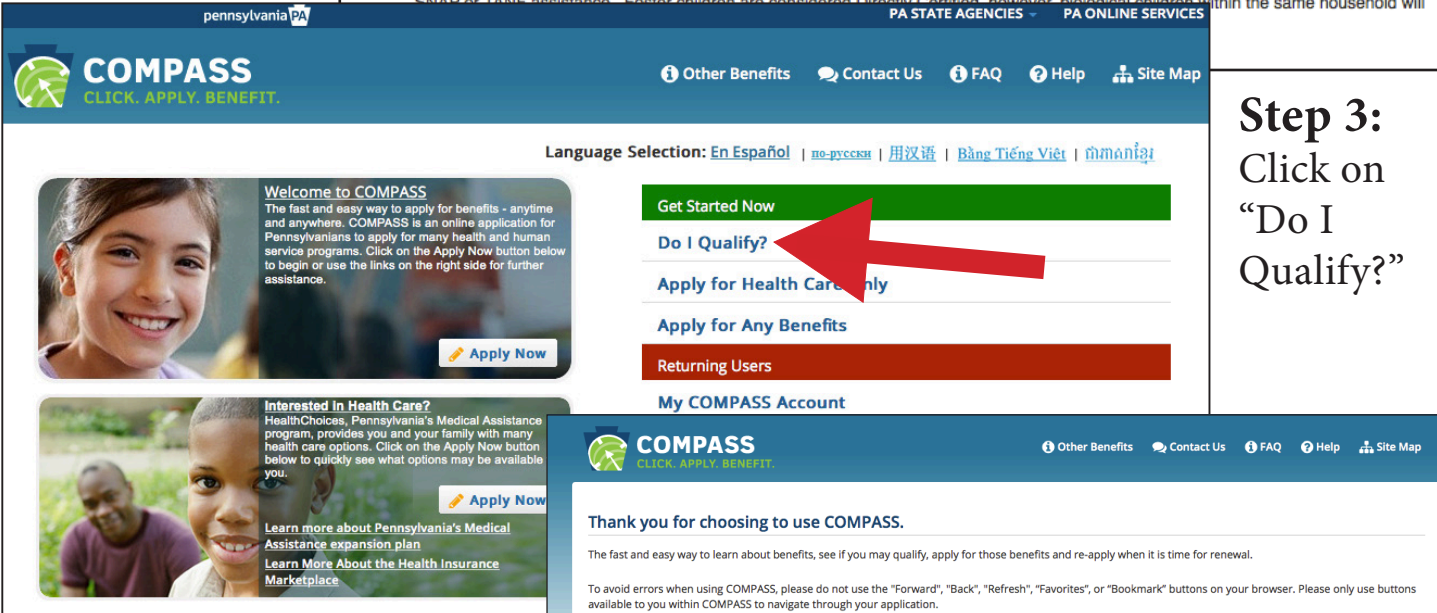
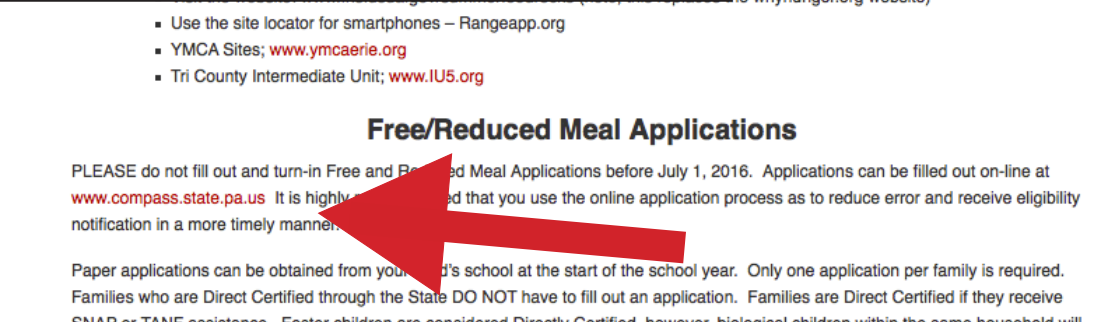




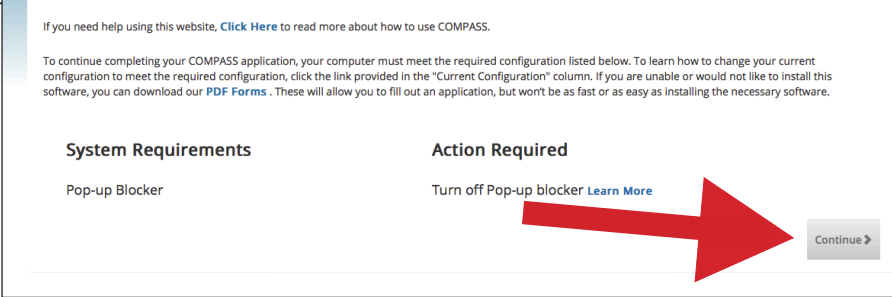
Step 1:
Go to Food Services Page on our website

Step 2:
Click on the link under Free / Reduced Meal Applications



Step 3:
Click on "Do I Qualify?"

Step 4:
Click "Continue"



Step 5:
Click "Get Started"

It is easy to find out which benefits the people in your household may qualify for!

- Select the benefits you are interested in**
First we will ask you to select the benefit(s) you are interested in. We will look at the selected benefits to see if you may be eligible for them. You may also submit your information for a referral for select services.
- Respond to a brief set of questions**
We will ask you a few questions about the people in your household based on the benefit(s) you select. The answers that you enter are confidential. After you get your results, the information you entered will be erased.
- We looked at your answers and someone in your house may qualify for benefits.**
Based on your answers, we will show you the selected benefits that people in your household may qualify for.
Remember: The results of the survey only show the benefits you or someone in your household may be eligible for. You must submit an application to find out for sure.
If you selected Early Intervention, Intellectual Disability or Autism Services, your information will be submitted to the appropriate office for referral. The program office will provide more information about how to apply for these services.
- Apply**
After viewing the benefits the people in your household may qualify for, you will have the option of starting a benefit application right away. If you do not want to apply, you do not have to.
Note: If someone in your household is in an emergency situation (has very little food or money), that person may qualify immediately for the SNAP (Food Stamps). If you have questions about SNAP or any of the other benefits offered by the Commonwealth of Pennsylvania, you may call the Department of Human Services Helpline toll-free at 1-800-692-7462.

[Back to COMPASS Home Page](#) [Get Started](#)

Please click on the box next to "Screen for Benefits" to see if you or people in your household may qualify for any of the following services.

- Screen for Benefits**
- Health Care Coverage (CHIP, Medical Assistance, Mental Health/Substance Abuse, Health Insurance Marketplace) [More Information](#)
- Supplemental Nutrition Assistance Program (Food Stamps) [More Information](#)
- Free or Reduced Price School Meals [More Information](#)
- Cash Assistance [More Information](#)
- Child Care Works [More Information](#)

Please click on the box next to "Submit a Referral" if you or people in your household would like more information or would like to submit a referral for one or more of the following services.

- Submit a Referral**
- Early Intervention Services [More Information](#)
- Intellectual Disability Services [More Information](#)
- Autism Services [More Information](#)

[Previous](#) [Next](#)

Step 6:
Check "Screen for Benefits" and then click "Next."

Step 7:
Check "Free and Reduced Lunch" and then click "Next."

Other Benefits | Contact Us | FAQ | Help | Site Map

CLICK. APPLY. BENEFIT.

- Getting Started
- Household
- Individual Details
- Your Results

Select the benefits you are interested in

Please click on any benefit that one or more people in your household are interested in. We will look at the selected benefits to see if you may be eligible for them. The benefits you select will determine which questions you will be asked.

- Health Care Coverage (CHIP, Medical Assistance, Mental Health/Substance Abuse, Health Insurance Marketplace) [More Information](#)
- Supplemental Nutrition Assistance Program (Food Stamps) [More Information](#)
- Free or Reduced Price School Meals [More Information](#)
- Cash Assistance [More Information](#)
- Child Care Works [More Information](#)

[Previous](#) [Next](#)

COMPASS
CLICK. APPLY. BENEFIT.

- Getting Started
- Household
- Individual Details
- Your Results

Household

Household Information

Please provide the details about the Head of Household first. [Help](#)

Hide [Remove this](#)

Name (Required) **Age (Required)** **Sex (Required)**

Male Female

If there is anyone else in the household, please click the 'Add Another Person' button.

[+ ADD ANOTHER PERSON](#)

About how much is the total value of all the resources owned by the people in the household? [Help](#)

Format: XXXXXXXX.XX

Step 8:
Complete application and you are done!