

Activate E-Signature Functionality

Last Modified on 12/14/2025 8:45 pm CST

Tool Search: E-Signature

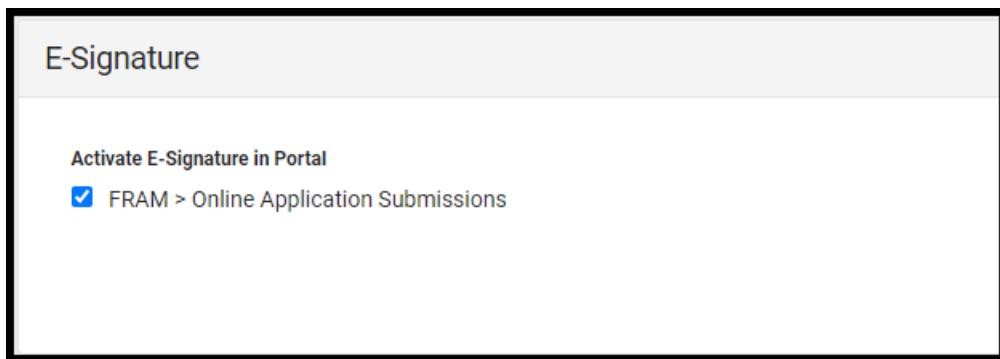
Use the E-Signature tool to enable E-Signatures during the online Meal Benefits Application process. An E-Signature allows an application signer to electronically sign and submit their application to the district.

Districts utilizing LDAP or SAML (SSO) authentication can enable E-signature functionality and use the Online Meal Benefits Application.

For more information about the Meal Benefits Application process, see the [Meal Benefits Application \(Portal\)](#) article.

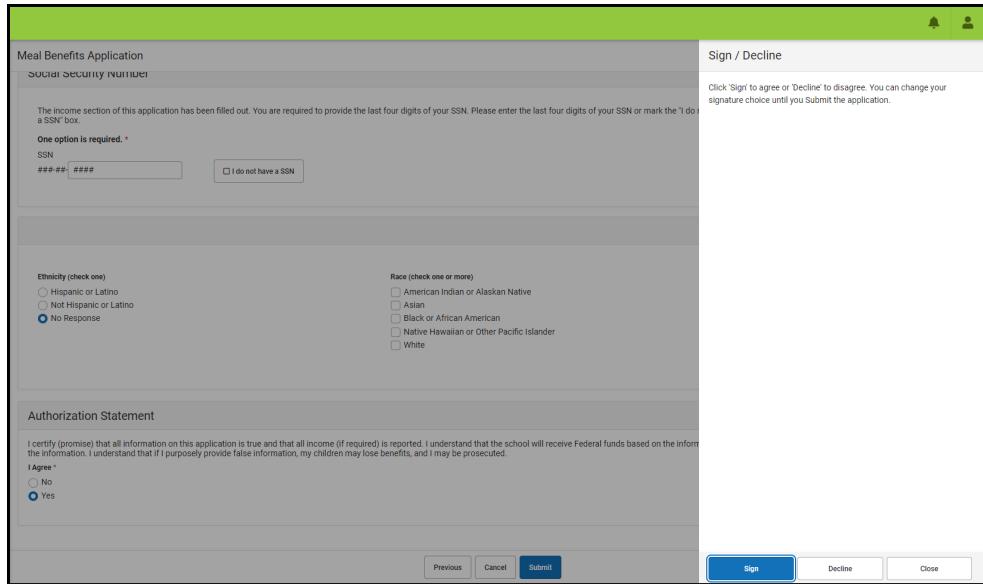
If you do NOT Activate E-Signature Functionality for Meal Benefits Applications

- It is ultimately the responsibility of each CNP SA (Child Nutrition Program State Agency) and local agency to review their state's statutes and policies regarding what is required for the electronic transfer of information in state-administered Federal programs. Know the requirements prior to activating or deactivating E-Signature.



Action	Description
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Action	Description
Activate E-Signature	Select the checkbox FRAM > Online Application Submissions under Activate E-Signature in Portal and select the Save button. Once E-Signature functionality is enabled, users can electronically sign their Meal Benefit Applications.



Meal Benefits Application

Social Security Number

The income section of this application has been filled out. You are required to provide the last four digits of your SSN. Please enter the last four digits of your SSN or mark the 'I do not have a SSN' box.

One option is required.

SSN
###-##-#### I do not have a SSN

Ethnicity (check one)

- Hispanic or Latino
- Not Hispanic or Latino
- No Response

Race (check one or more)

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

Authorization Statement

I certify (promise) that all information on this application is true and that all income (if required) is reported. I understand that the school will receive Federal funds based on the information. I understand that if I purposely provide false information, my children may lose benefits, and I may be prosecuted.

I Agree *

- No
- Yes

Previous Cancel Submit

Sign Decline Close