

# Guide for Completing the Multipurpose Family Income Form

## Steps 1-3: Creating an account

schoolcafé  
Connecting Families to School Nutrition

Username

Password

Remember Me

Need to create an account or contact us?

Select your State: CA - California

Enter the name of your School District: SAN FRANCISCO USD

Download on the App Store | GET IT ON Google Play

Welcome to SAN FRANCISCO USD!

We use SchoolCafé to:

- Make Payments
- Set up Auto Pay
- Get Low Balance Alerts
- Submit Meal Applications
- View Letters
- View Purchases

Need to do something else?

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## Register

I'm a Parent  
I want to manage my child's cafeteria account.

I'm a Student or District Employee  
I want to manage my own cafeteria account.

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You're almost there! Let's setup your user account credentials.

Username

Password

Confirm Password

Select a Security Question

Answer

I accept the Terms & Conditions

Step 3 of 6

## Steps 4-7: Apply for Benefits

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Welcome, Jazzyln!  
SAN FRANCISCO USD

Dashboard

Connect your child cafeteria account with your SchoolCafé

In order to continue receiving emails from SchoolCafé -- low balance first.

Apply for Benefits  
Apply for Free or Reduced Benefits

Students

Connect your child cafeteria account

- English
- Español
- 中文
- Tiếng Việt
- Tagalog
- русский
- عربي

Household Letter

This letter, provided by your district, lists all of the rules, expectations, and other important information you will need while filling out your application.

Letter to Household 2018-2019  
For faster results, apply online at schoolcafe.com  
All Families are Encouraged to Apply!

STUDENT NUTRITION SERVICES

Applicant Information

First Name  \* required

Last Name  \* required

Email  \* required

Phone  \* required

Street Address

City

State

ZIP

## Step 8: Add Student(s)

Students Assistance Household Review Details Submit

### Students

Enter all K-12 and PK/TK students in your household.

You do not have any students associated with your SchoolCafé account. You need to add at least one student.

Add a Student

Student ID (Optional)

First Name  \* required

Last Name  \* required

Middle Name

Date of Birth

School

Is this student a Foster, Homeless, Migrant, Runaway, Head Start child?  
 Yes  No \* required

Does this student receive income?  
 Yes  No \* required

To ensure that we can match your students, please enter as many details as possible.

## Steps 9 and 10: Qualification and Assistance

Students Assistance Household Review Details Submit

### Not Interested

Check this box if the current household income exceeds the income guidelines and does not qualify.

Not Interested - I understand I will pay for school meals.

Previous Next

Students Assistance Household Review Details Submit

### Assistance

Do you receive any assistance from SNAP, TANF, or FDIPIR?

Yes  No

Previous Next

## Step 11: Household Members and Income

### Update Applicant

Name:  
**Jazzlyn Kaleohano**

Does this member receive income?

Yes  No

If this household member receives income, please enter the amount and frequency

\$ Income (Work)	Frequency	×
\$ Income (Assistance)	Frequency	×
\$ Income (Other)	Frequency	×

Cancel Add this Member

Students Assistance Household Review Details Submit

### Household

How many people live in your household? List the names of all the household members (include infants and yourself).

**Add Household Member** +

## Steps 12-14: Review, Sign, Submit!

Students Assistance Household Review Details Submit

## Review

Glance over your information and make sure everything looks good. If something needs to be changed you can select the edit option for each section. Otherwise, you can proceed to the next step.

Students Assistance Household Review Details Submit

### Optional Info

(You do not have to complete this part to receive free or reduced priced meals.)

Ethnicity

Hispanic or Latino  
 Not Hispanic or Latino

Racial Identity

Asian  
 American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Chinese  
 Unknown  
 Middle Eastern or Arabic  
 Multiple

Consent to Release Meal Eligibility

Upon consent, this application or the information it contains, will only be shared with your local CalFresh agency and only for purposes directly related to the enrollment of your family into the CalFresh program. Consent must only be given by the parent or guardian of the students listed earlier in the application.

By checking the box below, you consent that you are willing to share the information on this application with CalFresh.

AB402 - CalFresh

Previous Next

Students Assistance Household Review Details Submit

### Submit

**Jazzlyn Kaleohano**

Before submitting, please fill in a few details about yourself. This information will not be shared but helps the food service office contact you with the results of your application.

An adult household member must electronically sign the application. If the household member inform section is completed, the adult signing this application should have a social security number or mark the "I do not have a SSN" box.

Law requires us to capture the last 4 digits of your social security number for applying. If you do not have a social security number you may indicate that below.

Do you have an SSN?

Yes  No

Enter the last 4 digit of your Social Security Num...

Please select the applicant signing the application:

Jazzlyn Kaleohano

Previous Submit My Application