2016-2017 ST. TAMMANY PARISH PUBLIC SCHOOLS (STPPS) ☐ NOT APPLYING

** FOR FASTEST APPROVAL **
Apply online at https://cafefr.stpsb.org/

Family Application for Free and Reduced Price School Meals

If you have applied online at https://cafefr.stpsb.org/, do NOT complete this application (unless your information has changed). Complete ONE application per household. Use black ink. Print neatly within boxes.

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper.)

Definition of **Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Birth Date (optional) M M D D Y Y	Child's First Name	MI	Child's Last Name	STPPS Student? Yes	No	Check all that apply: Foster Child	Homeless, Migrant, Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Check One: YES ☐ / NO ☐

If you answered NO > Complete STEP 3. If you answered YES > Write a case number (only one case number) here then go to STEP 4. (Do not complete STEP 3). Case Number:

STEP 3 Report Income for ALL Household Members. (Skip this step if you answered 'Yes' to STEP 2.)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL income received (in whole dollars only) by all Household Members listed in STEP 1 here and how often (**W**=Weekly, **E**=Every 2 Weeks, **T**=Twice a Month, **M**=Monthly).

Child Income $ ____ How Often? W E T M

B. All Adult Household Members (including yourself). List all Household Members **NOT** listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only and how often (**W**=Weekly, **E**=Every 2 Weeks, **T**=Twice a Month, **M**=Monthly). If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work $	How Often? W E T M	Public Assistance/ Child Support/ Alimony $	How Often? W E T M	Pensions/ Retirement/ All Other Income $	How Often? W E T M

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____ Check if no SSN ☐

STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone (optional) | Today's Date

Printed name of adult completing the form | Signature of adult completing the form | Email (optional)