

PLEASANT VALLEY SCHOOL DISTRICT
BENEFIT FORM
FOR SCHOOL YEAR 2024-2025

NEW
 RENEWAL

PLEASE APPLY ONLINE AT <http://univprep.vcoe.org/fsonline> OR COMPLETE AND RETURN TO THE SCHOOL

This institution is an equal opportunity provider.

California Education Code Section 49557(a): "Applications for free and reduced-price meals may be submitted at any time during a school year. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means."

STEP 1: PRINTED NAME OF ADULT HOUSEHOLD MEMBER SIGNING & COMPLETING THIS FORM		SOCIAL SECURITY NUMBER (LAST 4 DIGITS) XXX-XX-_____ or check here for "NONE" <input type="checkbox"/>	
MAILING ADDRESS		CITY	ZIP CODE

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: CalFresh, CalWorks, or FDIPR? YES / NO (circle one). If yes, please enter you case number here _____

STEP 3: CHILD (REN) INFORMATION: Complete this section by providing information for ALL of the children in your household whether they attend school or not.

LIST ALL INFANTS, CHILDREN AND STUDENTS UP TO GRADE 12	SOMETIMES CHILDREN IN THE HOUSEHOLD EARN INCOME. PLEASE INCLUDE THE TOTAL INCOME EARNED BY ALL CHILDREN IN SECTION A. TOTAL STUDENT INCOME \$ _____ <input type="radio"/> WEEKLY <input type="radio"/> BI-WEEKLY <input type="radio"/> 2X MONTH <input type="radio"/> MONTHLY					
	SCHOOL NAME	LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	FOSTER YES / NO

SCHOOL NAME	LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE	FOSTER YES / NO	HOMELESS, MIGRANT, RUNAWAY YES / NO
					YES / NO	YES / NO
					YES / NO	YES / NO
					YES / NO	YES / NO
					YES / NO	YES / NO

HOUSEHOLD MEMBERS AND INCOME: If in STEP 2, you entered a Cal Fresh, CalWORKs, or FDIPR case number, or if this application is for a Foster Child, homeless, migrant or runaway and you entered personal-use income, skip STEP 4 and go to signature block in Step 5.

STEP 4: ALL OTHER HOUSEHOLD MEMBERS (including yourself): List ALL household members not listed in SECTION A even if they do not receive income. For each household member, report the TOTAL income for each source in whole dollars only. 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. Report all income earned before taxes and deductions. Enter the appropriate pay period in the "How Often" column: W = Weekly, 2W = Bi-Weekly, 2M = Twice a Month, M = Monthly, Y = Yearly

FULL NAME OF ALL ADULT HOUSEHOLD MEMBERS	EARNINGS FROM WORK	PUBLIC ASSISTANCE/ CHILD SUPPORT/ ALIMONY					PENSION/ RETIREMENT/ ALL OTHER INCOME				
		WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME	WEEKLY	BI-WEEKLY	2X MONTH	MONTHLY	NO INCOME
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STEP 5: SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM	TELEPHONE NUMBER ()	DATE
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OPTIONAL CHILDREN'S RACIAL AND ETHNIC IDENTITIES:

1. Mark one or more racial identities: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

2. Mark one ethnic identity: Of Hispanic or Latino origin Not of Hispanic or Latino origin

FOR SCHOOL USE ONLY - ELIGIBILITY DETERMINATION

Free Reduced Denied Categorically Free with CalFresh, CalWORKs, or FDIPR Benefits

Household Size:	Denial Reason:	Direct Certified as: H M R	EP <input type="checkbox"/>
Household Income:		2nd Review – Official: _____	Date: _____
Determining Official: _____	Date: _____	Application# _____	
Confirming Official: _____	Date: _____		
Verification Official: _____	Date: _____		