California Department of Education Nutrition Services

## PLEASANT VALLEY SCHOOL DISTRICT BENEFIT FORM FOR SCHOOL YEAR 2025-2026

NEW
<b>RENEWAL</b>

PLEASE APPLY ONLINE AT https://univprep.vcoe.org/fsonline/Main/Login 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."

									CXX-XX- or check here for "NONE"												
MAILING ADDRESS C									TY	Y ZIP CODE											
STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs:																					
	Vorks, or FDIPR? YES / N											<i></i>									
STEP 3: CHILL	(REN) INFORMATION: (	Complete this sec	tion l	oy pro	ovidir	ng inf	orma	ation for <b>ALL</b>	L of t	he chil	dren	in yo	ur ho	useh	old whether the	hey att	tend	scho	ol o	r 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 \$  WEEKLY OBI-WEEKLY 2X MONTH MONTHLY												
SCHOOL NAME	LAST NAM	ΛE	FIRST NAME							DATE OF BIRTH			GRADE FOS			ER HOMELESS, MIC				NT,	
													YES			/NO YES			ES/	NO	
															YES / N	YES / NO			YES / NO		
			T													ES / NO			YES / NO		
							T						YES / N		T		ES/				
	MEMBERS AND INCOME:											ımbe	r, or i	fthis			oster				ss,
	way and you entered pers							· ·													
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 app	ropriate pay period in th	ne "How Often"	colu	ımn:	W =	: We	ekly	, 2W = Bi-\	Wee	kly, 2	M = '	Twic	e a l	Mont	h, M = Mon	thly, \	Y = `	Year	ly I		_
FULL NAME OF ALL ADULT HOUSEHOLD MEMBERS		EARNINGS FROM WORK	WEEKLY		2х моитн	MONTHLY	NOINCOME	PUBLIC ASSISTAN CHILD SUPPOR ALIMON	NCE/ ) RT/	剤 핆		2X MONTH	MONTHLY	NO INCOME	PENSION/ RETIREMENT/ ALL OTHER INCOME		WEEKLY	BI-WEEKLY	2х момтн	MONTHLY	NO INCOME
			ं	ं	$\circ$	ं	ं					ं	ं	ं		_	ं	ं		$\circ$	ं
			0	ं	$\circ$	$\circ$	्				$\circ$	ं	0	0		_	$\circ$	$\circ$	$\circ$	$\circ$	$\circ$
			ं	ं	ं	ं	ं			ं	ं	ं	ं	$\circ$			ं	ं	ं	$\circ$	ं
			ं	ं	$\circ$	ं	ं			ं	ं	ं	ं	ं			ं	$\circ$	ं	$\circ$	ं
			ं	ं	ं	ं	ं			ं	ं	ं	ं	ं		1	ं	ं	ं	$\circ$	ं
															1.				=	_	
STEP 5: SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM  TELI  (									ELEP )	LEPHONE NUMBER DATE )											
OPTIONAL CHILDREN'S RACIAL AND ETHNIC IDENTITIES:														•							
1. Mark one or r	more racial identities: 🗆 🖟	American Indian o Alaska Native	or	١	□Asi	ian		☐Black or African Am	nerica	an		_			aiian or slander			W	/hite		
2. Mark one eth	nnic identity:	Of Hispanic o			_			Hispanic or										_	_	_	
П г	Doduced.		СНО					LIGIBILITY					21/-	FD	DID D 64-						
☐ Free Household Size	Reduced .									th CalFresh, CalWORKs, or FDPIR Benefits  Direct Certified as: H M R EP											
Household Inco	Denial Reason:								Direct ( 2 <sup>nd</sup> Rev				ı IVI		Date:			_	LF	<u> </u>	
	Data	Detai									ion#			<u>'</u>							
Determining Off	Date:										O1 17	'									
Confirming Official: Date:  Verification Official: Date:							$\dashv$														
<ul> <li>verification ()ffile</li> </ul>	ciai:	Date:																			