California Department of Education
Nutrition Services

☐ **NEW**
☐ **RENEWAL**

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

**PLEASE APPLY ONLINE AT** https://pvsd.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."**

| **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"** ☐ | |
|---|---|---|
| **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 $_____ ○WEEKLY ○ BI-WEEKLY ○2X MONTH ○MONTHLY** |
|---|---|

| SCHOOL NAME | LAST NAME | FIRST NAME | DATE OF BIRTH | GRADE | FOSTER | HOMELESS, MIGRANT, RUNAWAY |
|---|---|---|---|---|---|---|
| | | | | | 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 CalFresh, CalWORKs, or FDPIR 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 | WEEKLY | BI-WEEKLY | 2X MONTH | MONTHLY | NO INCOME | PUBLIC ASSISTANCE/ CHILD SUPPORT/ ALIMONY | WEEKLY | BI-WEEKLY | 2X MONTH | MONTHLY | NO INCOME | PENSION/ RETIREMENT/ ALL OTHER INCOME | WEEKLY | BI-WEEKLY | 2X MONTH | MONTHLY | NO INCOME |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ |
| | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ |
| | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ |
| | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ |
| | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ | | ○ | ○ | ○ | ○ | ○ |

| **STEP 5: SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM** | **TELEPHONE NUMBER** ( ) | **DATE** |
|---|---|---|

**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 FDPIR Benefits

| | | | |
|---|---|---|---|
| Household Size: | Denial Reason: | Direct Certified as: H M R | EP ☐ |
| Household Income: | | 2nd Review – Official: | Date: |
| Determining Official: | Date: | Application# | |
| Confirming official: | Date: | | |
| Verification Official: | Date: | | |