

**PLEASANT VALLEY SCHOOL DISTRICT
BENEFIT FORM
FOR SCHOOL YEAR 2026-2027**

☐ **NEW**
☐ **RENEWAL**

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