# Universal Benefits Application 2026-2027

## Simi Valley Unified School District

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. Completing this application will not impact your student's ability to receive school meals at no cost. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.
Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

**Complete, sign, and return this application to:**

**Simi Valley Unified School District**
**101 W. Cochran Street**
**Simi Valley, CA, 93065**

**1. List all students living with you that are attending school using the exact spelling as listed in their school records**. If the student is in foster care, experiencing homelessness, receiving migrant education services, or meets the definition of runaway, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

| Student's Last Name | Student's First Name | MI | Foster | Homeless | Migrant | Runaway | Date of Birth | School | Grade | Student Income *(earned by the student)* | Weekly | Bi-weekly | 2 X Month | Monthly |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | ☐ | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | | | | | ☐ | ☐ | ☐ | ☐ |

**2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.**

☐ **CalFresh** ☐ **CalWORKs/ Temporary Assistance for Needy Families (TANF)** ☐ **Food Distribution Program on Indian Reservations (FDPIR)**

**Case Number:** _____

**3. List the names of all other household members - Enter income (in whole dollars) and check how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.**

*Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony*

| **Names of all other household members** (do not include students listed above) | Earnings from work (before any deductions) | Weekly | Bi-weekly | 2 X Month | Monthly | Annual | Public Assistance/ Child Support/ Alimony | Weekly | Bi-weekly | 2 X Month | Monthly | Annual | Pensions/ Retirement/ All Other Income | Weekly | Bi-weekly | 2 X Month | Monthly | Annual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ | $ | ☐ | ☐ | ☐ | ☐ | ☐ |

**4. Total Household Members** (include **all** people living in your household): _____

(**Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields**)

**Optional: (processing of this form is not dependent upon the inclusion of SSN) - Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member** _____ Check if no SSN: ☐

**5. Children's Racial and Ethnic Identities (Optional) – We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals or SUN Bucks.**

**Mark one or more racial identities:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black, or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

**Mark one ethnic identity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**6. Contact Information & Signature – Complete, sign, and return this application to above address:**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

**Printed Name of Adult Household Member**_____ **Adult Household Member Signature**_____**Date** _____

**Mailing Address**_____**City, State & Zip Code** _____

**Email Address**_____ **Daytime Phone Number**_____

**Child Nutrition Eligibility**: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot determine eligibility for benefits through the Richard B. Russel National School Lunch Act. The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for benefits without an application. Please contact your State or ITO to get benefits for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint web page at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Simi Valley Unified School District

The Governing Board is committed to providing equal opportunity for all individuals in education. District programs, activities, and practices shall be free from unlawful discrimination, including discrimination against an individual or group based on race, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital, pregnancy, or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.

## School Use Only – Do Not Write Below This Line

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.
(Do not convert to annual income unless household reports multiple pay frequencies).

Local Education Agency Approval: ☐ CalFresh/CalWORKs/FDPIR ☐ Foster/Migrant/Homeless/Runaway ☐ Income Household

Total Household Size: _____ Total Household Income: $ _____ ☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

**Application Approved For:** ☐ Free Eligible ☐ Reduced-Priced Eligible

**Application Denied Because:** ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information ☐ Other:_____

Date Notice Sent: _____

Signature of Approving Official:_____ Date:_____