

2023/2024 CALAVERAS USD EDUCATIONAL BENEFIT FORM (Complete one per Household)

In lieu of this form submit your information SECURELY ONLINE through your Campus Parent Portal under More/Mean Benefits.

<https://calaverasusd.infinitecampus.org/campus/portal/calaverasUnified.jsp>**UNIVERSAL FREE SCHOOL MEALS for ALL STUDENTS in CALIFORNIA'S PUBLIC SCHOOLS****DATA IS USED TO DETERMINE EDUCATION FUNDING UNDER LCFF - Completion of this form does not affect student's ability to receive no cost meals.****THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL .**

SECTION A. CHILDREN INFORMATION												
All Households Complete This Section. Enter all children's personal (earned) gross income, if any, and how often received.												
Circle the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.												
Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity)												
A=Asian, W=White, B=Black or African American, I=American Native or Alaska Native, P=Native Hawaiian or other Pacific Islander. A Foster Child is under the legal responsibility of a foster care agency or court.												
Racial and Ethnic Identities: (Optional)												
CHILDREN: LAST NAME, FIRST NAME	SCHOOL (Write "NONE" if not in school)	GRADE	Date of Birth (Optional)	Circle One Ethnic Identity	Circle one or more	MARK "X" If Foster Child	Mark "X" if No Income	Child's Personal Earned Income	Source of Income (Work)?	Paid How Often? (Circle)	Enter Benefit TYPE: CalFresh, CalWORKs or FDIPIR	Enter Benefit CASE NUMBER
①				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
②				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
③				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
④				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑤				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		
⑥				N OR H	A W B I P	<input type="checkbox"/>	<input type="checkbox"/>	\$		W E T M Y		

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: H M R

Households with a Benefit Case Number for CalFresh/CalWORKs for a child listed above: skip Section B and complete Section C.

SECTION B. ALL OTHER HOUSEHOLD MEMBERS:														
Enter Gross Income Under each Income Type that the Household Member Receives and how often the Income is Received.														
Use the following Income Codes for each amount: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.														
Adult's Full Name (Do not repeat names from Section A)	MARK "X" If No Income	Gross Earnings from Work Before Deductions, Include All jobs	Paid How Often?	Indicate Pay from Pensions, Retirement, Social Security, VA benefits	Income Source?	Paid How Often?	Welfare Benefits, Child Support, Alimony Payments	Income Source?	Paid How Often?	Any Other Income, Including Temporary Income	Income Source?	Paid How Often?	Enter Benefit Type: CalFresh, CalWORKs or FDIPIR	Enter Benefit Case Number
EXAMPLE: Richard Larath	<input type="checkbox"/>	\$ 199.98	W	\$ 141.65	Pension	Y	\$ 99.99	Child Support	M	\$ 550.00	Rental Income	M		
①	<input type="checkbox"/>	\$		\$			\$			\$				
②	<input type="checkbox"/>	\$		\$			\$			\$				
③	<input type="checkbox"/>	\$		\$			\$			\$				
④	<input type="checkbox"/>	\$		\$			\$			\$				
⑤	<input type="checkbox"/>	\$		\$			\$			\$				

SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:

I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in connection with the receipt of state funds and school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form

Signature of adult household member completing this form

Date (complete after July 1st)

Street Address, Apt #, etc.

City

State

Zip

Home Phone Number

Cell Phone Number

E-mail Address

DO NOT Write Below This Line - For District Use Only:**Application Status:**

HSLD Size: _____ HSLD Income: \$ _____

- ☐ Approved based on:
- ☐ Income ☐ Other

- ☐ Denied based on:
- ☐ Income Too High
- ☐ Incomplete

Annual Income Conversion Factors:

Weekly X 52

Every 2 Weeks X 26

Twice A Month X 24, Monthly X 12

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verification Official's Signature

Date