2026-2027 Universal Benefits Application – Sun Bucks

Corning Union Elementary School District

Complete one application per household. Please use a pen (not a pencil).

DO NOT COMPLETE. SCHOOL USE ONLY		
How Often is income received? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly	Total Household Income	Application Number
Total Household Size	Eligibility Status: ☐ Free ☐ Reduced-price ☐ Paid (Denied)	☐ Categorical
	Verified as: ☐ Homeless ☐ Migrant ☐ Runaway	☐ Error Prone
Verifying Official Initials: Date:	**Confirming Official Initials: Date:**	**Determining Official Initials: Date:**

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper). Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

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.

Child's First Name	Child's Last Name	Date of Birth (optional)	Name of School (Optional)	Grade	Mark if Not in School	If these apply to you or your child, check all that apply: Foster Child	Homeless	Migrant	Runaway
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: Cal Fresh, CalWORKS, or FDPIR?

If YES, do not complete STEP 3 below. Check the applicable program box, **enter one case number, and then go to STEP 4.**

Select Program Type: ☐ **CalFresh** ☐ **CalWORKs** ☐ **FDPIR**

Enter Case Number:

STEP 3

Report Income for ALL Household Members (Skip this step if you completed STEP 2)

Please read **How to Apply SUN BUCKS** for more information on completing this section.
The **Sources of Income for Children** section will help you with the **Child Income** question.
The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income $ ____ How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☐ Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report 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.

Name of **Adult Household Members** (First & Last)	Earnings from Work $	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance / Child Support/Alimony $	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement / SSI/All Other Income $	How often? Weekly	Bi-Weekly	2x Month	Monthly
		☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	☐	☐

Total Household Members (Children and Adults) ☐☐

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X ☐☐☐☐

Or Check if no SSN ☐

STEP 4

Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization. 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.

Write your Street Address here (if available) Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult completing the form | Signature of Adult Completing the Form | Today's Date

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race (check one or more):

- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

Sources of Income for Children

A child's income is money received from outside your household that is paid DIRECTLY to your child. Many households do not have any child income to report.

Sources of Child Income	Example(s)
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Social Security - Disability Payments - Survivor's Benefits	A child is blind or disabled and receives Social Security benefits. A parent is disabled, retired, or deceased, and the child receives their Social Security benefits.

Sources of Income for Adults

Earnings from Work	Public Assistance/SSI/ Alimony/Child Support	Pensions/Retirement/ All Other Income
Salary, wages, cash bonuses Net income from self- employment (farm or business) U.S. Military: ▪ Basic pay and cash bonuses ▪ Allowances for off-base housing, food and clothing ▪ Do NOT include combat pay, Family Substance Supplemental Allowance, or privatized housing allowances	Unemployment benefits Workers' compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veterans benefits Strike benefits	Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

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.

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(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: (202 690-7742; or

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

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Corning Union Elementary School District

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