

Universal Benefits Application for 2025-26

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. 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.

Return completed application directly to: CUSD Educational Services, 1163 East Seventh Street, Chico, CA 95928

Complete ONE Application per Household

******FILL OUT BOTH SIDES OF FORM******

QUESTIONS? CALL 891-3000 x20813

List ALL students in the household. Check applicable box and list case number if they receive benefits from any of the assistance programs listed Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Full Name (Last, First)	Student ID	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X	Monthly
					\$				
					\$				
					\$				
					\$				
					\$				

Please check if ANY household members (including yourself) currently participate in one or more of the following assistance programs and write in case number.

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

Case Number: _____

List the names of ALL other household members and ALL household gross income. Mark "x" in the column for how often it is received.
If a household member does not receive income, write 0. If you enter 0 or any income sections left blank is a positive indication that there is no income to report.

Full name of ALL other household members (do not include students listed above) <i>Report Income: Earnings from Work and Public Assistance/Child Support/Alimony</i>	Earnings from work (before any deductions)	Weekly	Bi-weekly	2 X Month	Monthly	Public Assistance, Child Support, Alimony	Weekly	Bi-weekly	2 X Month	Monthly	Pension, Retirement, Social Security (SSI)	Weekly	Bi-weekly	2 X Month	Monthly	Any other income not already listed	Weekly	Bi-weekly	2 X Month	Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

Total Number of Household Members (Children + Adults) _____

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

An adult household member must sign the application.

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:	Signature of Adult (Required):	Date:
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Mailing Address:	Optional: Last four digits of Social Security Number (SSN) of Primary Wage Earner or Household Member (processing of this form is not dependent upon the inclusion of SSN): xxx-xx-_____	Check if no SSN: <input type="checkbox"/>
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City:	State:	Zip:	Phone Number:	Email Address:
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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 identities: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot determine eligibility for benefits through the Richard B. Russell 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.

This institution is an equal opportunity provider.

DO NOT COMPLETE. SCHOOL USE ONLY

Local Education Agency Approved: ☐ CalFresh/CalWORKs/FDPIR ☐ Homeless/ Migrant/Runaway

☐ Income Household

Total Household Size: _____ Total Household Income: \$ _____

How Often? ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Yearly

Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12

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: _____