Superintendent
Morgan Nugent



Governing Board
President: Jeanne Norris
Clerk: Megan Estes
Trustee: Rick Dougherty
Trustee: Jack Hathaway
Trustee: John Hamilton

"Education is Power"

Letter to Households for Community Eligibility Provision Schools

Dear Parent or Guardian:

We are pleased to inform you that all Fall River Joint Unified School sites will be participating in the National School Lunch and School Breakfast Programs under the Community Eligibility Provision (CEP) for the 2025/2026 School Year.

Schools that participate in the Community Eligibility Provision are able to provide healthy breakfasts **and** lunches each day at **no charge for all students** enrolled in that CEP school during the 2025-2026 School Year.

We ask that you please fill out the attached household data income form and return to your student's school. These help our district with additional funding.

If we can be of any further assistance, please contact us at 530-335-3957.

Sincerely,

Jeannette Cochran, Principal Account Clerk
Fall River Joint Unified School District
530-335-3957
jcochran@frjusd.org

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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

(3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

FALL RIVER JOINT UNIFIED SCHOOL DISTRICT

Confidential Family Survey and Local Control Funding Formula Data Collection

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SCHOOL SITE

PART I: Student Information

STUDENT ID	STUDENT NAME	DATE OF BIRTH	GRADE

INSTRUCTIONS

- Complete the entire form: Part I, Part II, and Part III
- Make solid marks that fill each response completely.
- Return completed form to your student's school site.

All information provided within this form is confidential.

SCHOOL

- ○ Burney Elem.
- ○ Burney HS
- ○ Fall River Elem.
- ○ Fall River HS
- ○ Burney Community Day
- ○ Mt. View
- ○ Soldier Mt.
- ○ Inter. Mt. Academy of Lear.

PART II: Household Size and Total Annual Household Income

Circle the total number of adults and children living in your household below:

1 2 3 4 5 6 7 8 9 10 Other ____

Household Size	*Mark the most appropriate total annual household income range for your household size.* **Category 1** Total Annual Household Income is Within This Range:	**Category 2** Total Annual Household Income is Within This Range:	**Category 3** Total Annual Household Income is Within This Range:
1	○ $0 - $20,345	○ $20,346 - $28,953	○ $28,954 or more
2	○ $0 - $27,495	○ $27,496 - $39,128	○ $39,129 or more
3	○ $0 - $34,645	○ $34,646 - $49,303	○ $49,304 or more
4	○ $0 - $41,795	○ $41,796 - $59,478	○ $59,479 or more
5	○ $0 - $48,945	○ $48,946 - $69,653	○ $69,654 or more
6	○ $0 - $56,095	○ $56,096 - $79,828	○ $79,829 or more
7	○ $0 - $63,245	○ $63,246 - $90,003	○ $90,004 or more
8	○ $0 - $70,395	○ $70,396 - $100,178	○ $100,179 or more

If household size is **greater than 8**, list household size and total annual income below:

Household size: Total Annual Income: $

Additional Fall River Joint Unified School Age Children Living in Your Home:

STUDENT ID (If known)	**STUDENT NAME** Last Name, First Name	**DATE OF BIRTH**	**SCHOOL**	**GRADE**	**RELATIONSHIP TO STUDENT ABOVE**

PART III: Parent or Guardian Information and Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

PARENT/GUARDIAN PRINTED NAME _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____