

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. Contact Information & Signature – Complete, sign, and return this application to the address below:

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.

Complete, sign, and return this application to:

**Fall River Joint Unified School
District 20375 Tamarack Ave
Burney, CA 96013**

Printed Name of Adult Household Member

Adult Household Member Signature

Mailing address | City, State, Zip Code

Email Address

Daytime Phone Number | Date

6. 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