December 2024, Rev. July 2025

Fall River Joint Unified School District- Universal Benefits Application 2025-2026

This application may qualify your child for benefits such as Summer EBT/SUN Bucks, internet access, school transportation, and more. Inquire with your child's school district to learn what benefits may be available to them. 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. Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process. Apply online:www.frjusd.org

1.List all students living with you that are attending school using the exact spelling as listed in their school records. 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. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Homeless	Migrant	Runaway	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2x Month	Monthly

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3.

☐ CalFresh ☐ CalWORKs/ ☐Temporary Assistance for Needy Families (TANF)

☐ Food Distribution Program on Indian Reservations (FDPIR)

Case Number:_____

3. List the names of all other household members - Enter income (in whole dollars) and check how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. Report Income: Earnings from Work (before any deductions) and Public Assistance/Child Support/Alimony

Names of Other household members (do not include students listed above.	Earnings from Work	MI	Weekly	Bi-Weekly	2x Month	Monthl	Public Assistance/Child Support/Alimony	Weekly	Bi-Weekly	2x Montly	Monthly

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