

Universal Benefits Application - 2025-2026 - Sacred Heart Nativity School - Complete one application per household.

1. STUDENT INFORMATION

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.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter school name and grade level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway.			
				Foster	Homeless	Migrant	Runaway
EXAMPLE: Joseph P Adams	Lincoln Elementary	1st	12-15-2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

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.

If YES , check the applicable program box, enter one case number.	Select Program Type:	Enter Case Number:
	<input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDPIR	

3. REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A. STUDENT INCOME: Include any personal income received by all the students listed in Step 1. Enter the **TOTAL GROSS** income (before deductions) in whole dollars earned. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Bi-weekly, 2M = 2 X Month, M = Monthly**

Total Student Income	How Often
\$	

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): List the names of **ALL** other household members not listed in STEP 1, **even if they do not receive income**. For each household member, report the **TOTAL GROSS** income (before any deductions) in whole dollars for each source. If the household member does not receive income from any sources, write "0". If you enter "0" or leave the income sections blank, you are promising there is no income to report. Enter the appropriate pay period in the "How Often" box: **W = Weekly, 2W = Bi-weekly, 2M = 2 X Month, M = Monthly**

Names (First & Last) of ALL OTHER Household Members (do not include students listed above)	Earnings from Work (before any deductions)	How Often	Public Assistance/ Child Support/Alimony	How Often	Pensions/Retirement/ SSI/Any Other Income	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

4. Total Household Members (include all people living in your household)	<input type="checkbox"/>	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	<input type="text"/>	Check if no SSN <input type="checkbox"/>
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(Total household members entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)

5. CONTACT INFORMATION & SIGNATURE

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 Household Member:	
Adult Household Member Signature:	
Date:	Daytime Phone Number:
Mailing Address:	
City:	State: Zip:
E-mail Address:	

SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

Annual Income Conversion: Weekly x52; Biweekly x26; Twice per Month x24; Monthly x12
(Do not convert to annual income unless household reports multiple pay frequencies).

LEA Approval: <input type="checkbox"/> CalFresh/CalWORKs/FDPIR <input type="checkbox"/> Foster/Migrant/Homeless/Runaway <input type="checkbox"/> Income Household	
Total Household Size:	Total Household Income: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Application Approved For: <input type="checkbox"/> Free Eligible <input type="checkbox"/> Reduced-Price Eligible	Date Notice Sent:
Application Denied Because: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing Information <input type="checkbox"/> Other:	
Signature of Approving Official:	Date:

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 to 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 or reduced-price meals or SUN Bucks.

Mark one ethnic identity:

- Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities:

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

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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.

**Complete, sign, and return this application to:
Sacred Heart Nativity School**

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. 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint web page at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.