

School Year 2025-2026 Pioneer Union Elementary School District Application for Free and Reduced-Price Meals

Please read the instructions on how to apply. Print clearly with a pen. You may also apply online via the ParentPortal. Learn more by visiting [www.pioneerunion.org/departments/foodservices/](http://www.pioneerunion.org/departments/foodservices/). Complete one application per household. This institution is an equal opportunity provider.

California Education Code Section 49557(a): Applications for free and reduced-price meals may be submitted at any time during a school day. Children participating in the federal National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means.

STEP 1: STUDENT INFORMATION Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last)	Enter the School Name and Grade Level		Enter student's birthdate	Check the applicable box if the student is foster, homeless, migrant, or runaway			
EXAMPLE <i>JOSEPH P ADAMS</i>	<i>LINCOLN ELEMENTARY</i>	<i>1ST</i>	<i>12-15-2010</i>	FOSTER	HOMELESS	MIGRANT	RUNAWAY
				<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"/>

STEP 2: ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDIPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDIPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.	Select Program Type: <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWORKs <input type="checkbox"/> FDIPIR	Enter Case Number:
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STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

<b>A. STUDENT INCOME:</b> Sometimes students in the household earn income. Enter the TOTAL GROSS income (before deductions) in whole dollars earned by all students listed in STEP 1. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly			Total Student Income \$		How Often	
<b>B. ALL OTHER HOUSEHOLD MEMBERS</b> (including yourself): List ALL household members not listed in STEP 1, even if they do not receive income. For each household member, report the TOTAL GROSS income (before 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 any fields blank, you are certifying (promising) that there is no income to report. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly						
Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Earnings from Work	How Often	Earnings from Work	How Often
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
<b>C. Total Household Members</b> (Children and Adults)		<b>D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member</b>			Check the box if <b>NO SSN</b> <input type="checkbox"/>	

STEP 4: CONTACT INFORMATION & ADULT SIGNATURE

Certification: I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Signature of adult completing this application: .....		
Print name:		
Date:		
Phone Number:		
Mailing Address:		
City:	State:	Zip:
Email:		

OPTIONAL: CHILDREN'S ETHNIC AND RACIAL IDENTITIES

We are required to ask for information about your children'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 children's eligibility for free or reduced-price meals.

DO NOT COMPLETE: SCHOOL USE ONLY						
How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly				Total Household Income:		
Total Household Size:		Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Paid (Denied)		<input type="checkbox"/> Categorical		
Verified As: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway				<input type="checkbox"/> Error Prone		
Determining Official's Signature:				Date		
Confirming Official's Signature:				Date		
Verifying Official's Signature:				Date		

Ethnicity (check one)	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race (check one or more)	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian