



Free & Reduced Meal Application

Last Updated July 28, 2025

The "Free and Reduced Meal Application" is **VERY** important for **ALL** families to complete. Even though this is called a Free and Reduced Meal application, it is so much more than that!

This form helps the Pioneer Union Elementary School District get extra funding for student support programs such as:

- instructional aides in the classrooms,
- reading intervention teachers,
- support classes at the middle school,
- extra support English Learner students,
- in-school social-emotional supports for students, and
- help for students whose families are experiencing homelessness.

Also, with this form, some families may qualify for a free after school program for their TK-6th grade students.

Even if you think your family might not qualify, simply completing the form is very helpful to your child's educational experience. All students will continue to receive free school meals this school year. This form is so much more important than just school meals. Please take a couple of minutes to fill it out!

Please check one of the following:

☐

My family will complete the attached Free and Reduced Meal application.

☐

My family declines to complete the attached Free and Reduced Meal application.

The Pioneer Union Elementary School District is an equal opportunity provider.



Letter to Household for Free & Reduced-Price Meals

Dear Parent or Guardian:

The Pioneer Union Elementary School District participates in the National School Lunch Program and/or School Breakfast Program. At Pioneer Union Elementary School District, all students will receive nutritious meals free of charge every school day. The meal programs we participate in are supported by federal and state reimbursements that are determined by household income and eligibility. We are able to serve free meals because households continue to submit meal applications, and your cooperation is greatly appreciated. You or your children do not have to be a U.S. citizen to be considered eligible for free meals. If there are more household members than the number of lines on the application, attach a second application. For a simple and secure method to apply, use our online application by visiting your [Parent Portal](#).

You can find more information about this and other topics on our website by visiting:
<https://www.pioneerunion.org/departments/foodservices/>

Qualifications

Your child may qualify for free or reduced-price meals if your household income falls at or below the Federal Income Eligibility Guidelines Below.

Free Eligibility Scale: Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 20,345	\$ 1,696	\$ 848	\$ 783	\$ 392
2	\$ 27,495	\$ 2,292	\$ 1,146	\$ 1,058	\$ 529
3	\$ 34,645	\$ 2,888	\$ 1,444	\$ 1,333	\$ 667
4	\$ 41,795	\$ 3,483	\$ 1,742	\$ 1,608	\$ 804
5	\$ 48,945	\$ 4,079	\$ 2,040	\$ 1,883	\$ 942
6	\$ 56,095	\$ 4,675	\$ 2,338	\$ 2,158	\$ 1,079
7	\$ 63,245	\$ 5,271	\$ 2,636	\$ 2,433	\$ 1,217
8	\$ 70,395	\$ 5,867	\$ 2,934	\$ 2,708	\$ 1,354
For each additional family member, add:	\$ 7,150	\$ 596	\$ 298	\$ 275	\$ 138

Learn more by visiting www.cde.ca.gov/ls/nu/rs/scales2526.asp

Questions: Nutrition Services Division 1-800-952-5609

Last Reviewed: Wednesday, March 19, 2025 (California Department of Education)



Reduced-Price Eligibility Scale: Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$ 28,953	\$ 2,413	\$ 1,207	\$ 1,114	\$ 557
2	\$ 39,128	\$ 3,261	\$ 1,631	\$ 1,505	\$ 753
3	\$ 49,303	\$ 4,109	\$ 2,055	\$ 1,897	\$ 949
4	\$ 59,478	\$ 4,957	\$ 2,479	\$ 2,288	\$ 1,144
5	\$ 69,653	\$ 5,805	\$ 2,903	\$ 2,679	\$ 1,340
6	\$ 79,828	\$ 6,653	\$ 3,327	\$ 3,071	\$ 1,536
7	\$ 90,003	\$ 7,501	\$ 3,751	\$ 3,462	\$ 1,731
8	\$ 100,178	\$ 8,349	\$ 4,175	\$ 3,853	\$ 1,927
For each additional family member, add:	\$ 10,175	\$ 848	\$ 424	\$ 392	\$ 196

Learn more by visiting www.cde.ca.gov/ls/nu/rs/scales2526.asp

Questions: Nutrition Services Division 1-800-952-5609

Last Reviewed: Wednesday, March 19, 2025 (California Department of Education)

Applying for Benefits

An application for free or reduced-price meals cannot be reviewed unless all required fields are completed. A household may apply at any time during the school year. If you are not eligible now, but your household income decreases, household size increases, or a household member becomes eligible for CalFresh, California Work Opportunity and Responsibility to Kids (CalWORKs), or Food Distribution Program on Indian Reservations (FDPIR) benefits, you may submit an application at that time.

Direct Certification

An application is not required if the household receives a notification letter indicating all children are automatically certified for free meals. If you did not receive a letter, please complete an application.

Verification

School officials may check the information on the application at any time during the school year. You may be asked to submit information to validate your income or current eligibility for CalFresh, CalWORKs, or FDPIR benefits.



Women, Infants, and Children (WIC) Participants

Households that receive Special Supplemental Nutrition Program for WIC benefits, may be considered eligible for free or reduced-price meals by completing an application.

Homeless, Migrant, Runaway, and Head Start

Children who meet the definition of homeless, migrant, or runaway, and children participating in their school's Head Start program are considered eligible for free meals. Please contact school officials for assistance at 559-585-2400.

Foster Child

The legal responsibility must be through a foster care agency or court to qualify for free meals. A foster child may be included as a household member if the foster family chooses to apply for their non-foster children on the same application and must report any personal income earned by the foster child. If the non-foster children are not considered eligible, this does not prevent a foster child from being considered eligible for free meals.

Fair Hearing

If you do not agree with the school's decision regarding your application's determination or the result of verification, you may discuss it with the hearing official. You also have the right to a fair hearing, which may be requested by calling or writing to the following:

Mr. John Raven, Superintendent
1880 N. Mustang Drive
Hanford, CA 93230
559-585-2400

Eligibility Carryover

Your child's eligibility status from the previous school year will continue into the new school year for up to 30 school days or until a new determination is made. School officials are not required to send a reminder or expired eligibility notices.



Non-Discrimination Statement

This non-discrimination statement is available online at www.usda.gov/non-discrimination-statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, 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, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 \(PDF\)](#), found online at:

De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés), el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA tienen prohibido discriminar por motivos de raza, color, origen nacional, religión, sexo, discapacidad, edad, estado civil, estado familiar/parental, ingresos provenientes de un programa de asistencia pública, creencias políticas o represalias por actividades previas de derechos civiles, en cualquier programa o actividad realizada o financiada por el USDA (no todas las bases aplican a todos los programas). Los recursos y los plazos para presentar quejas varían según el programa o el incidente.

Las personas con discapacidades que requieran medios alternativos de comunicación para obtener información del programa (por ejemplo, Braille, letra grande, grabaciones de audio, Lenguaje de Señas Americano, etc.) deben contactar a la agencia estatal o local que administra el programa o comunicarse con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY). Además, la información del programa puede estar disponible en idiomas distintos al inglés.

Para presentar una queja por discriminación en un programa, complete el Formulario de Queja por Discriminación en Programas del USDA, [AD-3027 \(PDF\)](#), que se encuentra en línea en:



<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>.

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,
Mail Stop 9410 Washington, D.C.
20250-9410;
2. **Fax:** 202-690-7442; or
3. **Email:** Program.Intake@usda.gov.

This institution is an equal opportunity provider.

Questions: Child Nutrition Programs (CNP)
Complaints | cnpcomplaints@cde.ca.gov

Last Reviewed: Thursday, April 17, 2025

Source: <https://www.cde.ca.gov/ls/nu/cr/crfactsheet.asp>

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>.

Cómo presentar una queja por discriminación en un programa y en cualquier oficina del USDA, o escriba una carta dirigida al USDA proporcionando en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de queja, llame al 866-632-9992. Envíe su formulario completado o carta al USDA por:

1. **Correo:** U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW,
Mail Stop 9410 Washington, D.C.
20250-9410;
2. **Fax:** 202-690-7442; o
3. **Correo electrónico:**
Program.Intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Preguntas: Quejas sobre Programas de Nutrición Infantil (CNP) | cnpcomplaints@cde.ca.gov

Última revisión: jueves, 17 de abril de 2025

Fuente: <https://www.cde.ca.gov/ls/nu/cr/crfactsheet.asp>



How to Apply for Free or Reduced-Price Meals

Complete one application per household. Please print clearly with a pen. Incomplete, illegible, or incorrect information will delay processing.

1. **Student Information**—Include all students (this includes all students enrolled in or out of the district within the household and the application should differentiate if the students attend different schools, if applicable) Print their name (first, middle initial, last), school, grade level, and birthdate. If any student listed is a foster child, check the Foster box. If you are only applying for a foster child, complete STEP 1, and then continue to STEP 4. If any student listed may be homeless, migrant, or runaway, check the applicable Homeless, Migrant, or Runaway box and complete all STEPS of the application.
2. **Assistance Programs**—If any household member (child or adult) participates in CalFresh, CalWORKs, or FDPIR, then all children are considered eligible for free meals. Must check the applicable assistance program box, enter one case number, and then continue to STEP 4. If no one participates, skip STEP 2 and continue to STEP 3.
3. **Report Income for all Household Members**—Must report gross income (before deductions) from all household members (children and adults) in whole dollars. Enter 0 for any household member that does not receive income. Report the combined gross income for all students listed in STEP 1 and enter the appropriate pay period. Include a foster child's income if you are applying for foster and no foster children on the same application. Print the names (first and last) of all other household members not listed in STEP 1, including yourself. Report the total gross income from each source and enter the appropriate pay period. Enter the total household size (children and adults). This number must equal the listed household members from STEP 1 and STEP 3. Enter the last four digits of your Social Security number (SSN). If no adult household member has a SSN, check the NO SSN box.
4. **Contact Information and Adult Signature** —The application must be signed by an adult household member. Print the name of the adult signing the application, contact information, and today's date.

Optional – Children's Ethnic and Racial Identities: This field is optional to complete and does not affect your children's eligibility for free or reduced-price meals. Please check the appropriate boxes.

Information Statement

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 approve your child for free or reduced-price meal benefits. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you list a CalFresh, CalWORKs, or FDPIR case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have an SSN by selecting the checkbox. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs.



Application Form

The application form follows this page. Need additional copies? You can download and print this document and Application Form from our website at www.pioneerunion.org/departments/foodservices/, or pick up a free copy from the District office.

Questions or Assistance?

Please contact the District Office at 559-585-2400, extension 4108.

Submit

Please submit a complete application to your child's school, or to the District office:

Pioneer Union Elementary School District
1880 N. Mustang Drive
Hanford, CA 93230

You will be notified if your application is approved or denied for free or reduced-price meal benefits.

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/. 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)

A. STUDENT INCOME: 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. ALL OTHER HOUSEHOLD MEMBERS (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
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
C. Total Household Members (Children and Adults)		D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member			Check the box if NO SSN <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