

SHASTA UNION HIGH SCHOOL DISTRICT

Your Child's Fair Share Survey 2023-2024

(Complete **ONE** Application per SUHSD Household)

Please complete and sign the application. Return it to your child's school. This application cannot be processed without **ALL** of the following 4 pieces of information:

1. The name of the child or children for whom you are applying for benefits.
2. The names and income of **all** other household members.
3. The signature of the child's or children's parent or guardian.
4. The social security number of the person who signed the application.
(If the person signing the application does not have a social security number, write "none" in the space provided.)

FAQ

1Q. What is Your Child's Fair Share?

1A. Your child is entitled to federal tax dollars collected by the federal government. In order for your child's school to collect these funds this form must be filled out. This is "your child's fair share" of tax dollars.

2Q. Who will see this form?

2A. This form will **ONLY** be seen by a designated school official.
This information **WILL NOT** be sent to any other agency.

3Q. What kind of funding will this effect?

- 3A. This form effects:
- E-Rate technology funding
 - Millions of available dollars in grants
 - State entitlement fund
 - State Title I funding
 - Free and reduced lunch

4Q. If I'm not eligible, what do I do?

4A. Please fill out your students name, **check the box on the application indicating that you are not eligible, sign and return.**

5Q. How is my school's fair share determined?

5A. The Federal Government determines this based on national family income amounts. The more households that meet the federal standard the more money our schools get. Well over 55% of all Shasta County households meet this survey standard. See chart below.

Free Eligibility Scale						Reduced-price Eligibility Scale					
Meals, Snacks, and Milk						Meals and Snacks					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$18,954	\$1,580	\$790	\$729	\$365	1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$25,636	\$2,137	\$1,089	\$986	\$493	2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$32,318	\$2,694	\$1,347	\$1,243	\$622	3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$39,000	\$3,250	\$1,625	\$1,500	\$750	4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$45,682	\$3,807	\$1,904	\$1,757	\$879	5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$52,364	\$4,364	\$2,182	\$2,014	\$1,007	6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$59,046	\$4,921	\$2,461	\$2,271	\$1,136	7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$65,728	\$5,478	\$2,739	\$2,528	\$1,264	8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional family member, add:	\$6,682	\$557	\$279	\$257	\$129	For each additional family member, add:	\$9,509	\$793	\$397	\$366	\$183

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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.

Ethnicity (check one):

- Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

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

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 National School Lunch Program will NOT be overtly identified by the use of special tokens, tickets, or serving lines; separate entrances or dining areas; or by any other means.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to provide the information, but if you do not, we cannot approve your child for free or reduced-price meals. If you are submitting an income-based application, you must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child; list a CalFresh, CalWORKs, FDPIR, or Kin-GAP case number or other FDPIR identifier for your child; or indicate that the adult household member signing the application does not have a Social Security Number. We will use your household size and income 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.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call

866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax 202-690-7442 or e-mail at program.intake@usda.gov.