



**Board of Trustees**

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Dear Parents and Guardians,

We hope this letter finds you well and that you and your family are enjoying a wonderful school year. As part of our commitment to ensuring that every child receives nutritious meals, we are pleased to inform you that a Breakfast & Lunch meal will be provided to your student at no charge through the School Nutrition Program (SNP).

While there is no cost for these meals, we kindly ask all families to complete the NSLP School Meal Application. By doing so, your child may become eligible for additional benefits beyond free meals, such as discounted exam fees.

Completing the application also helps our school qualify for additional funding and resources that can enhance educational programs and services provided. This funding is crucial for maintaining and improving the quality of education and support we provide to our students.

**How to Complete the Application:**

1. **Online:** Visit School's Website under Nutrition Department or visit [www.EZmealApp.com](http://www.EZmealApp.com) to fill out the application electronically.
2. **Paper Form:** Attached to this letter.

Please rest assured that all information provided is kept confidential and used solely for determining eligibility for these additional benefits.

We encourage every family to participate, regardless of income level, as your participation can significantly impact the resources available to our school. If you have any questions or need assistance in completing the application, please do not hesitate to contact the Nutrition Department office at 530-245-2790.

Additional Meals & A la Carte items are still available for purchase daily. To purchase additional meals or A La Carte items you may add funds to your students account by going to [www.EZSchoolPay.com](http://www.EZSchoolPay.com).

Thank you for your support and cooperation in helping us ensure every child has the opportunity to succeed.

Sincerely,

Tawny Cowell  
Director of Nutrition Services  
Shasta Union High School District

# SHASTA UNION HIGH SCHOOL DISTRICT

## **Your Child's Fair Share Survey 2024-2025**

(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 Meals, Snacks, and Milk

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$19,578	\$1,632	\$816	\$753	\$377
2	\$26,572	\$2,215	\$1,108	\$1,022	\$511
3	\$33,566	\$2,798	\$1,399	\$1,291	\$646
4	\$40,560	\$3,380	\$1,690	\$1,560	\$780
5	\$47,554	\$3,963	\$1,982	\$1,829	\$915
6	\$54,548	\$4,546	\$2,273	\$2,098	\$1,049
7	\$61,542	\$5,129	\$2,565	\$2,367	\$1,184
8	\$68,536	\$5,712	\$2,856	\$2,636	\$1,318
For each additional family member, add:	\$6,994	\$583	\$292	\$269	\$135

### Reduced-price Eligibility Scale Meals and Snacks

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional family member, add:	\$9,953	\$830	\$415	\$383	\$192

# SHASTA UNION HIGH SCHOOL DISTRICT

## Your Child's Fair Share Survey 2024-2025

(Complete ONE Application per SUHSD Household)

**Part 1. Student Information Complete this section by providing information for ALL of the children in your household.**

Full name of <b>each</b> student living in household		Grade	Name of each child's school & SUHSD ID# if known	Mark "X" below if child is a foster child, homeless, migrant, runaway. <b>If each child attending school qualifies skip to Part 3.</b>				Food Stamp, Cal WORKS, Kin-Gap, or FDPIR Case Number
				Foster	Homeless	Migrant	Runaway	
Last Name	First Name							

**Part 2A. Child Income**

Sometimes children in the household earn income. Please include the TOTAL income earned by all Children listed in STEP 1 here.

Total Child Income	\$	How often?	
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**Part 2B. Adult Household Members & Total household gross income (BEFORE DEDUCTIONS)**

List all income on the same line as the person who receives it. Mark "X" in the column for how often it is received. Record each income only once. Enter Gross Income (total amount before taxes or deductions)

Full Name of <b>all adults</b> / household members living in the home.	Work earnings (before deductions)	How often?				Welfare, child support, alimony	How often?				Supplemental Security Income, Social Security, veteran or disability	How often?				All other income	How often?			
		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly		Weekly	Every Two Weeks	Twice Monthly	Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

**Part. 3 Signature and last four digit of Social Security number (MUST BE SIGNED BY AN ADULT)**

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number**

*I certify (promise) that all information on this application is true and that I have reported all income. I understand that the school will get Federal funds based on the information I provide. I understand that school officials may verify (check) this information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

Printed Name of Adult:		Signature of Adult:		Date:
Address:		City, State, Zip Code		<b>Total Number in Household (Adults &amp; Children total)</b>
Phone Number:		E-mail Address:		
Last four digits of Social Security Number: XXX-XX-_____		<input type="checkbox"/> Check box if no Social		My family is not eligible (I have put my students name and signed application). <input type="checkbox"/>

**SHASTA UNION HIGH SCHOOL DISTRICT**  
**Your Child's Fair Share Survey 2024-2025**  
(Complete ONE Application per SUHSD Household)

**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](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](mailto:program.intake@usda.gov).