

# West Contra Costa Unified School District 2022-23 Educational Benefits Form

This institution is an equal opportunity provider. All students this school year may participate in the breakfast and lunch program at no charge to them. However, we need to collect family income information for all schools to help secure classroom funding so we are asking all families to complete this form. **PLEASE COMPLETE THIS FORM IN BLACK PEN**

Apply online at  
www.myschoolapps.com  
or scan the QR code



**CHILDREN'S RACIAL AND ETHNIC IDENTITY (Optional)** 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.

1. Mark one or more racial identities:  American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian or Pacific Islander  White

2. Mark one ethnic identity:  Of Hispanic or Latino origin  Not of Hispanic or Latino origin

## LIST ALL STUDENTS ATTENDING WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Birthdate			Print Legal Name of Students Attending WCCUSD				Grade	School Name	Homeless	Migrant	Runaway
M	M	Y	First Name	MI	Last Name						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals. Check the applicable box if the student is foster, homeless, migrant, or runaway.

3 Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR?  
If NO, skip STEP 3 and continue to STEP 4.  
If YES, check the applicable program box, enter one case number, skip STEP 4, and continue to STEP 5.

CalFresh  CalWORKs  FDPIR  Case Number:

4 LIST ALL ADULTS & CHILDREN NOT ATTENDING WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

### LIST ALL CURRENT MONTHLY INCOME (SEE INSTRUCTIONS)

(If you are paid WEEKLY take the gross \$ amount times (X) 52 and divide the total by 12; if you are paid EVERY 2 WEEKS (BI-WEEKLY) take the gross \$ amount times (X) 26 and divide the total by 12; if you are paid TWICE A MONTH take the gross \$ amount times (X) 24 and divide the total by 12.)

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.

Total Student Income  
\$

B. 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.

Print first and last name of all adults and children not listed above	Gross Earnings from Work (Before Deductions): ALL JOBS	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Household Members (Children and Adults)

**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.

5 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.

Printed Name of adult household member completing this form

Signature of adult household member completing this form

Today's Date

Home Phone

Daytime Phone

Address

Apt #

City

, CA

Zip

Email Address



**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPARTMENT**

750 Bissell Avenue Richmond, CA 94801 (510) 307-4580  
Barbara Jellison, Director



Letter to Households, Community Eligibility Provision (CEP)  
2022-2023

Dear Parent/Guardian:

We are pleased to inform you that West Contra Costa Unified School District (WCCUSD) will be implementing the Community Eligibility Provision (CEP) under the National School Lunch and School Breakfast Programs for the 2022-2023 school year. In CEP schools, meal applications are no longer required.

Through the CEP, parents/guardians will not be required to submit a meal application for free, reduced, and full priced meals for the upcoming school year. However, the Student Information System of WCCUSD will use income surveys through the Educational Benefits Form as per state compliance to obtain social economic data for some students not currently directly certified through CEP. Income surveys through the Educational Benefits Form are only to obtain data and will not affect students from CEP schools to qualify for free breakfast and lunch.

Schools that participate in CEP are able to provide healthy breakfasts and lunches each day at **no charge for ALL students** enrolled in that CEP school during the 2022-2023 school year. **This means that all WCCUSD students are eligible to receive FREE breakfast and lunch meals.**

If you need additional information, please contact the Food Services Department.

Sincerely,

Barbara Jellison  
Director, Food Services

**NON-DISCRIMINATION STATEMENT:** 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English.

Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave SW, Washington, D.C. 20250-9410;
- (2) Fax: (833) 256-1665 or (202) 690-7442;
- or (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.