



**SUN Bucks**  
**Universal Benefits Application**  
Cajon Valley Union School District

**District Use Only:**

Summer Eligibility: ☐ 2025 ☐ 2026

Application Signature Date: \_\_\_\_\_

This application may qualify your child for Summer EBT/SUN Bucks benefits. Completing this application will not impact your student's ability to receive school meals at no cost. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider health, food, and housing services as part of the public charge determination. Therefore, submitting this application will not hurt an individual's immigration status.

Note: A non-household member may be designated as the authorized representative for application processing purposes if they have difficulty completing the application process.

**Complete, sign, and return this application to:**      Your child's school      **OR**      Cajon Valley Union School District  
Attention: Business Services  
750 E. Main Street  
El Cajon, CA 92020

- 1. List all students** living with you that are attending school using the exact spelling as listed in their school records. If the student is in foster care, experiencing homelessness, receiving migrant education services, or meets the definition of runaway, indicate this by placing an "x" in the appropriate box. Include any personal income received by the student and make an "x" in the correct box for how often it is received.

Student's ID Number	Student's Last Name	Student's First Name	Foster	Homeless	Migrant	Runaway	Date of Birth	School	Grade	No income	Student Income	Weekly	Bi-weekly	2x Month	Monthly
			<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"/>	<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"/>	\$	<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"/>	<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"/>

**2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If not, go to Step 3.**

☐ CalFresh    ☐ CalWORKs/ Temporary Assistance for Needy Families (TANF)    ☐ Food Distribution Program on Indian Reservations (FDPIR)

Case Number: \_\_\_\_\_

**3. List the names of all other household members, one line per person** - Enter income (in whole dollars) received weekly, bi-weekly, twice monthly or monthly in the appropriate box. If you have multiple sources of income at different frequencies, enter each income only once based on frequency received. The income listed should be prior to any deductions. Please check all box(es) for the source of income. If a household member does not receive income, check the box for No Income. If you check the box for no income, you are promising there is no income to report.

Names of all other household members, including children not listed as students on page 1	No income	Enter Income based on frequency received:				Source of Income (Mark all that apply)				
		Income Received 1x Month	Income Received 2x Month	Income received Bi-Weekly (Every other week)	Income received Weekly	Work earnings/ wages	Public Assistance/ Unemployment	Child Support/ Alimony	Retirement/ Social Security (SSI)	Other Income
Example: John Doe	<input type="checkbox"/>	\$1,000			\$100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Total Household Members** (include all people living in your household):

(Total entered must equal number of household members listed above, a second application may be required if number of household members exceeds empty fields)

**5. Contact Information & Signature – Complete, sign, and return this application to above address:**

I certify (promise) that all information on this application is true, that all income is reported, and that my household does not receive Summer EBT benefits through a different State or Indian Tribal Organization (if applicable). I understand that this information is given in connection with the receipt of federal or state benefits and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose these benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member:	Signature of Adult Household Member:	Date:

*Summer EBT/SUN Bucks cards, for those that qualify, will be mailed to the address on file for the student at the school.*

Mailing Address:	City, State & Zip Code:
Email Address:	Daytime Phone Number:

**6. Children's Racial and Ethnic Identities (Optional):**

**Mark one or more racial identities:** ☐ American Indian or Alaska Native ☐ Asian ☐ Black, or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

**Mark one ethnic identity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Child Nutrition Eligibility:** The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT benefits without an application. Please contact your State or ITO to get benefits for a foster child, and children who are homeless, migrant, or runaway.

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, 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, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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, found online at [How to File a Program Discrimination Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) web page at <https://www.usda.gov/oascr/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, Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**District Use Only – Do Not Write Below This Line**

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.

(Do not convert to annual income unless household reports multiple pay frequencies).

**Local Education Agency Approval:** ☐ CalFresh/CalWORKs/FDPIR ☐ Foster/Migrant/Homeless/Runaway ☐ Income Household

Total Household Size  Total Household Income: \$

☐ Weekly ☐ Bi-Weekly ☐ Twice Per Month ☐ Monthly ☐ Annual

**Application Approved For:** ☐ Free Eligible ☐ Reduced-Priced Eligible

**Application Denied Because:** ☐ Income Over Allowed Amount ☐ Incomplete/Missing Information ☐ Other:

Date Notice Sent:

Signature of Approving Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Universal Benefits Application Income Eligibility Information

### SUN Bucks Benefits Application Due Dates:

- Summer 2025 – September 1, 2025
- Summer 2026 – August 31, 2026

The following income guidelines will be used to determine eligibility for applications signed through June 30, 2025:

Household Size	Category 1	Category 2
	Total MONTHLY Household Income	Total MONTHLY Household Income
1	\$0 - \$1,632	\$1,633 - \$2,322
2	\$0 - \$2,215	\$2,216 - \$3,152
3	\$0 - \$2,798	\$2,799 - \$3,981
4	\$0 - \$3,380	\$3,381 - \$4,810
5	\$0 - \$3,963	\$3,964 - \$5,640
6	\$0 - \$4,546	\$4,547 - \$6,469
7	\$0 - \$5,129	\$5,130 - \$7,299
8	\$0 - \$5,712	\$5,713 - \$8,128
9	\$0 - \$6,295	\$6,296 - \$8,958
10	\$0 - \$6,877	\$6,878 - \$9,787
11	\$0 - \$7,460	\$7,461 - \$10,616
12	\$0 - \$8,043	\$8,044 - \$11,446

The following income guidelines will be used to determine eligibility for applications signed July 1, 2025 – June 30, 2026:

Household Size	Category 1	Category 2
	Total MONTHLY Household Income	Total MONTHLY Household Income
1	\$0 - \$1,696	\$1,697 - \$2,413
2	\$0 - \$2,292	\$2,293 - \$3,261
3	\$0 - \$2,888	\$2,889 - \$4,109
4	\$0 - \$3,483	\$3,484 - \$4,957
5	\$0 - \$4,079	\$4,080 - \$5,805
6	\$0 - \$4,675	\$4,676 - \$6,653
7	\$0 - \$5,271	\$5,272 - \$7,501
8	\$0 - \$5,867	\$5,868 - \$8,349
9	\$0 - \$6,463	\$6,464 - \$9,197
10	\$0 - \$7,058	\$7,059 - \$10,044
11	\$0 - \$7,654	\$7,655 - \$10,892
12	\$0 - \$8,250	\$8,251 - \$11,740