Pioneer Union School District



6862 MT. AUKUM RD ◆ SOMERSET ◆ CALIFORNIA ◆95684 PHONE (530) 620-3556 ~ FAX (530) 620-4932

Dear Parent or Guardian:

We are pleased to inform you that Pioneer Union School District_will be implementing a new option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision for the 2025 – 2026 School Year.

What does this mean for you and your children attending the school(s) identified above? Great news for you and your students! All enrolled students of Pioneer Union School District are eligible to receive a healthy breakfast and lunch at school at <u>no charge</u> to your household each day of the 2025–2026 school year. No further action is required of you. Your child(ren) will be able to participate in these meal programs without having to pay a fee or apply.

But wait, there's more!

There are <u>additional</u> benefits for your family and our school if you do qualify under the Universal Benefits Application. You can receive extra funding over the summertime, and discounts on internet access. The school can receive necessary funding to keep programs like Intervention and Full-Day Preschool in place. We are attaching the application and qualifications to this letter. Please return it as soon as possible. The deadline is September 30th.

If we can be of any further assistance, please contact us at 530-620-3556

Sincerely,

Kelly Howard Chief Business Officer

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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at http://www.ascr.usda.gov/complaint filing cust.html 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

(3) E-mail: program.intake@usda.gov
This institution is an equal opportunity provider.



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Free Eligibility Scale

Household Size	Annual	Monthl y	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

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Reduced-price Eligibility Scale

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

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