



Bear River High School

Ghidotti Early College High School

Nevada Union High School

North Point Academy

Silver Springs High School

Letter to Households for Community Eligibility Provision School

Dear Parent or Guardian:

We are pleased to inform you that Silver Springs High School will continue to offer an option available to schools participating in the National School Lunch and School Breakfast Programs called the Community Eligibility Provision (CEP) for 2024-2025 School Year.

Schools that participate in the CEP are able to provide healthy breakfasts **and** lunches each day at no charge for **all** students enrolled in that CEP school during the 2024-2025 School Year.

Our goal is to ensure that NJUHSD students receive the maximum amount of funds that we are eligible to receive by encouraging our families to complete the LCFF Household Income Data Collection Form. By taking the time to fill out this form, you are taking part in a process that provides thousands of dollars in funds to the school your student attends, including grants, academic coaches, special programs, technology, and more! Only one forms needs to be completed per household. This is not an application for free or reduced-price meals.

IMPORTANT NOTES: The submission of this form has no impact on receiving school meals. Not submitting this form may prevent you from receiving a fee waiver or getting access to certain income-based programs. Additional information may be required.

If we can be of any further assistance, please contact us at Nevada Joint Union High School District, 11645 Ridge Road, Grass Valley, CA 95945, (530) 273-3351, dnies@njuhsd.com.

Sincerely,

Donna D Nies

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 Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Household Income Data Collection

Silver Springs High School- 2024/25 School Year

Household Last Name: _____ Phone: _____ E-mail: _____

PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

PART II: Fill in the following for Household Size and Household Income

Based on your household size (all adults and children), check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.** For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:		Category 2 – Total Annual Household Income is Within This Range:	
	<input type="checkbox"/>		<input type="checkbox"/>	
1	<input type="checkbox"/>	\$0 - \$19,578	<input type="checkbox"/>	\$19,579 - \$27,861
2	<input type="checkbox"/>	\$0 - \$26,572	<input type="checkbox"/>	\$26,573 - \$37,814
3	<input type="checkbox"/>	\$0 - \$33,566	<input type="checkbox"/>	\$33,567 - \$47,767
4	<input type="checkbox"/>	\$0 - \$40,560	<input type="checkbox"/>	\$40,561 - \$57,720
5	<input type="checkbox"/>	\$0 - \$47,554	<input type="checkbox"/>	\$47,555 - \$67,673
6	<input type="checkbox"/>	\$0 - \$54,548	<input type="checkbox"/>	\$54,549 - \$77,626
7	<input type="checkbox"/>	\$0 - \$61,542	<input type="checkbox"/>	\$61,543 - \$87,579
8	<input type="checkbox"/>	\$0 - \$68,536	<input type="checkbox"/>	\$68,537 - \$97,532

If household size is greater than 8, list household size and total annual income below:

Household Size: _____ Total Annual Income: \$ _____

If your total annual household income exceeds the ranges above, check here:

PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Signature of adult household member completing this form _____ Date _____ Printed name of adult household member completing this form _____

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Who should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - If paid monthly, multiply total pay by 12
 - If paid twice per month, multiply total pay by 24
 - If paid bi-weekly (every two weeks), multiply total pay by 26
 - If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.