



Geyserville Unified School District

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Excellence in Grades PreK-12
Small Town - Small Schools - Big Futures!

Dear GUSD Families,

We are in the process of collecting Household Data Collection Forms for 2023-24 Local Control Funding Formula (LCFF). Submitting a Household Data Collection Form can help our school district even if you don't use the meal program. Besides access to healthy and tasty meals this information is collected for the following purposes:

School Funding-Increased funding to school sites to ensure students receive the support they need. Every student who is under a certain income, learning English or in foster care generates 20% more funding. In districts where at least 55% of students fall into these categories, they receive even more funding. In Geyserville Unified, these funds are used to increase or improve services as outlined in our district's LCAP. Completing an application ensures your school receives all available funding.

Other benefits include:

Internet Discounts-Discount on home internet costs. ATT&T offers reduced home rates for families that qualify for the meal program. Visit www.att.com/accessapply.

College App Fees-Discounts on fees associated with applying to college

SAT, ACT, AP Fees-Discounts on fees for college prep exams

Discounted Fees for Enrichment Programs (field trips, assemblies, etc.)

This information is confidential. For your convenience, we have included the form. It can also be found at www.gusd.com. You may return it to either school site office or email it to cmenicucci@gusd.com.

Application deadline to ensure funding for 2023-24 is October 31st, 2023.

We appreciate your help in collecting this information.

Sincerely,

District Office

Geyserville Unified School District

School Year 2023-24 Geyserville Unified School District Household Data Collection Form

Complete one form per household. Please read the instructions on how to complete the form. Print clearly with a pen. This institution is an equal opportunity provider.

This is not an application for Free and Reduced-Price Meals. All students at GUSD receive free meals under the Community Eligibility Provision. We request that all families return this confidential income data collection form in order to assist the school in qualifying for state funding and resources from the California Department of Education.

STEP 1 – STUDENT INFORMATION

Children in Foster Care and children who meet the definition of Homeless, Migrant, or Runaway are eligible for free meals.

Print the name of EACH STUDENT (First, Middle Initial, Last) EXAMPLE: Joseph P Adams	Enter school name and grade level Lincoln Elementary	Enter student's birthdate 12-15-2010	Check the applicable box if the student is foster, homeless, migrant, or runaway.		
			Foster	Homeless	Migrant
			<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"/>

STEP 2 – ASSISTANCE PROGRAMS: CalFresh, CalWORKs, or FDPIR

Do ANY household members (child or adult) currently participate in CalFresh, CalWORKs or FDPIR? If NO, skip STEP 2 and continue to STEP 3.

If YES, check the applicable program box, enter one case number, skip STEP 3, and continue to STEP 4.

Select Program Type: CalFresh CalWORKs FDPIR

Enter Case Number: _____

STEP 3 – REPORT INCOME FOR ALL HOUSEHOLD MEMBERS (Skip this step if you answered 'YES' in STEP 2)

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. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Student Income	
					How Often	How Often
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			

B. ALL OTHER HOUSEHOLD MEMBERS (including yourself): 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. Enter the appropriate pay period in the "How Often" box: W = Weekly, 2W = Biweekly, 2M = Twice a Month, M = Monthly, Y = Yearly

Print the name of ALL OTHER Household Members (First and Last)	Earnings from Work	How Often	Public Assistance/SSI/Child Support/Alimony	Pensions/Retirement/All Other Income	Total Student Income	
					How Often	How Often
	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			

C. Total Household Members (Children and Adults) **D. Enter the last four digits of Social Security number (SSN) from the Primary Wage Earner or Other Adult Household Member** **Check the box if NO SSN**

DO NOT COMPLETE. SCHOOL USE ONLY

How Often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Total Household Income
Annual Income Conversion: Weekly x52, Biweekly x26, Twice a Month x24, Monthly x12	\$
Total Household Size	<input type="checkbox"/> Categorical
Eligibility Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced-price <input type="checkbox"/> Paid (Denied)	
Verified as: <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	
Determining Official's Signature:	Date:
Confirming Official's Signature:	Date:

STEP 4 – CONTACT INFORMATION & ADULT SIGNATURE

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.

Signature of adult completing this application: _____

Print Name: _____

Date: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

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