

**KIONA-BENTON CITY SCHOOL DISTRICT #52
FAMILY APPLICATION FOR FREE AND REDUCED-PRICE MEALS 2008-2009**

1. Complete, sign and return this application to: Kiona-Benton City School District #52 ♦ Food Service Department ♦ 1107 Grace Avenue ♦ Benton City, WA 99320. List all students living with you except foster children (see Section 3 for foster children). If your child(ren) have a Basic Food, TANF or FDPIR case number, write each child's case number in the last column. If you have written a case number for each child, skip to Section 4.

Last Name	First Name	Student I.D. #	Name of School Attending	Child's Monthly Income SSI benefits, Student's job, etc.	Check box if receiving Basic Food or TANF	Check box if receiving FDPIR	Case Number
					<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. List all household member. Write the amount of income -MONEY BEFORE DEDUCTIONS- each person receives.

<u>Names of Adults Living in Your Household</u>		Gross Income (before taxes and other deductions) Income should be placed in one column only, unless the individual has more than one income.				Monthly income Child Support, Alimony, Pension, Retirement, Social Security, Unemployment	Check Box if No Income
Last	First	Once a Month	Twice a Month	Every Two Weeks	Once a Week		
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

3. Foster Child – List the foster child below and include personal use income, if foster child has no income write "0".

Foster Child's Name	Student I.D #	Personal Use Income	School	Grade

4. Signature and Social Security Number – I certify that all of the above information is true and correct and that all of the income is reported and/or the Basic Food or TANF case number is reported correctly.

I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Printed Name of Adult Household Member

Signature of Adult Household Member

Date

Check the box if you do not have a social security number

Social Security Number I do not have a social security number.

Street Address

City and Zip

Home Phone Number

Work Phone Number

Do you need free or low-cost health insurance for your child? You may pick up a Healthy Kids insurance application at your school office or call 1-877-KIDSNOW (543-7669)

5. Other Benefits – Check here if you want to give officials permission to use the information provided on this application to determine your child (ren)'s eligibility for other school benefits, and sign below. Only a parent or legal guardian may sign this waiver of confidentiality.

I understand that I will be releasing information that shows I am applying for free and reduced-price benefits under Child Nutrition Programs. For these purposes only, I waive my confidentiality.

Signature of Parent or Legal Guardian _____