

A NEW APPLICATION IS REQUIRED BY THE STATE EACH YEAR

School Year 2009-2010

ONE APPLICATION PER FAMILY

Application for Free or Reduced-Price Meals

To apply for free or reduced price meals for your children, complete this form **IN INK** and return it to:
 Walla Walla School District No. 140 • Food Services Department • 364 South Park St. • Walla Walla, Wa. 99362

If you need help or have questions, please contact the Food Services Department at 527-3016.

(Spanish ONLY speakers please call Veronica at 527-3000)

New to District

Part 1 – LIST ALL CHILDREN

NO DOLLAR AMOUNTS

Names of **all children** living in your home **in school or not**.

Child's Name		Grade	School Name	Check if Foster Child*	CHILD'S INCOME / HOW OFTEN? <small>Child's SSI Benefits, etc.</small>	BASIC FOOD CLIENT NUMBER	TANF NUMBER	FDPIR Number <small>Food Distribution Program on Indian Reservation</small>
Last	First							

* A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court.

Part 2 – ALL ADULTS AND INCOME

Write the amount of income (BEFORE DEDUCTIONS) each person in the household receives on the same line as his/her name. You must also write in how often this amount is received (monthly, twice a month, every two weeks, or weekly).

Names of All Adults Living in Your Household		Job 1		Job 2		Other Income/How Often <small>Pension, Retirement, Child Support, Welfare, Unemployment or SSI Benefits</small>
Last	Adult's Name First	Amount	How Often?	Amount	How Often?	

Part 3 – SIGNATURE

I certify that all of the above information is true and correct and that all income is reported. 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.

Signature of Adult Household Member

Printed Name of Adult Household Member

Date

Mailing Address ****Check this box if changed from last year****

City and Zip Code

I do not have a social security number.

Work Telephone

Home Telephone

Social Security Number

FOR FOOD SERVICES OFFICE USE ONLY – Do Not Write in This Section

Free Reduced Temporary Free Denied Skyward Letter

APPLICATION NUMBER

Date

Signature of Determining Official

