

**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

