

2017-2018 Application for Free and Reduced Price School Meals

School: **Aloha Elementary School**

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

A. Child's Name (First, Middle Initial, Last)
 Kathy JOHNSON

B. Foster Child Homeless, Migrant, Runaway
 Check all that apply

C. Student? Yes No
 D. Name of School
 Aloha Elementary

F. Grad 1

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

Check one: Yes No

If you answered NO > Complete STEPS 3 and 4.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3).

Case Number:

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2).

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL gross income received by all children in the household. (Household Members listed in STEP 1 above).

Child Income \$
 How often? Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (income before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	How often?		E. Pensions/Retirement/ All Other Income	How often?	
	Weekly	Bi-Weekly		2x Month	Monthly
Gene JOHNSON	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>

F. Total Household Members (Children and Adults)

02

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X 7 9 7 9

Check if no SSN

STEP 4

Contact information and adult signature

"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. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Printed name of adult completing the form: JANE JOHNSON
 Signature of adult completing the form: Jane JOHNSON
 City: Kailua State: HI Apt #: 96000
 Daytime Phone and Email (optional): 811177
 Today's date: 8/1/17

2017-2018 Application for Free and Reduced Price School Meals

School: **Aloha Elementary School**

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
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A. Child's Name (First, Middle Initial, Last)	B. Foster Child	C. Homeless, Migrant, Runaway	D. Student?	E. Name of School	F. Grade
Kuuiki P LUM	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Aloha Elementary	2
JOE A JOHNSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Aloha Elementary	4
Keone M LUM	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hawaii Middle	7
Baby LUM (unborn)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF? Check one: yes no

If you answered NO > Complete STEPS 3 and 4.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3).

Case Number:

Write only one case number in this space.

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2).

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL gross income received by all children in the household. (Household Members listed in STEP 1 above).

Child income	How often?		
	Weekly	Bi-Weekly	2x Monthly
\$ <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (income before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	C. Earnings from Work			D. Public Assistance/Child Support/Alimony			E. Pensions/Retirement/All Other Income		
	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly	Weekly	Bi-Weekly	2x Monthly
Sally LUM	\$ 450	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Jack LUM	\$ 1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200	<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"/>

F. Total Household Members (Children and Adults)

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature

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. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed name of adult completing the form SALLY LUM

Signature of adult completing this form [Signature]

Street Address (if available) Kailua

State HI

Apt # 96000

Daytime Phone and Email (optional) 811/17

Signature of adult completing this form

City

State

Zip

Today's date

2017-2018 Application for Free and Reduced Price School Meals
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School: Aloha Elementary School

STEP 1

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A. Child's Name (First, Middle Initial, Last)	B. Foster Child	C. Homeless, Migrant, Runaway	D. Student? Yes No	E. Name of School	F. Grade
Ryann K Suguchi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aloha Elementary	2
Robin K Suguchi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aloha Elementary	4
Kylee K Suguchi	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aloha Middle	7

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If you answered NO > Complete STEPS 3 and 4.

If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3).

Check one: yes no

Case Number:

Write only one case number in this space.

STEP 3

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Names of Adult Household Members (First and Last)	C. Earnings from Work		D. Public Assistance/Child Support/Alimony		E. Child Income		F. Pension/Retirement/All Other Income	
	Weekly	Bi-Weekly	2x	Monthly	Weekly	Bi-Weekly	2x	Monthly
Quyen Suguchi	\$ 510	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
David Suguchi	\$ 1500	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minoru Suguchi	\$	<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"/>

F. Total Household Members (Children and Adults)

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X X X X

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Contact information and adult signature

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Printed name of adult completing the form
 CARL SUZUKI

Signature of adult completing the form
 Carl Suguchi

Street Address (if available)
 Kaula

City
 HI

State

Zip
 96000

Daytime Phone and Email (optional)

8/1/17
 Today's date

2017-2018 Application for Free and Reduced Price School Meals

School: **Aloha Elementary School**

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STEP 1

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A. Child's Name (First, Middle Initial, Last)	B. Foster Child	C. Homeless, Migrant, Runaway	D. Student?	E. Name of School	F. Grade
JOSHUA B PONO	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Aloha Elementary	4
TIFFANY B PONO	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Aloha Elementary	5
NOA B PONO	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hawaii Middle	8
ALEAH B PONO	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Maui High School	10

STEP 2

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A. Child Income
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Child Income	Weekly	Bi-Weekly	2x Month	Monthly	How often?
\$ 200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly

B. All Adult Household Members (including yourself)
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Names of Adult Household Members (First and Last)	C. Earnings from Work				D. Public Assistance/Child Support/Alimony				E. Pensions/Retirement/All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
GEORGE PONO	\$ 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEALA PONO	\$ 1140	<input checked="" 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"/>	\$	<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"/>

F. Total Household Members (Children and Adults)

G. Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

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Contact information and adult signature

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Printed name of adult completing the form

Daytime Phone and Email (optional)

Street Address (if available)

City State Zip

Today's date

Signature of adult completing the form