

July, 2025

SCHOOL USE ONLY

☐ Check if Error Prone Application

**Check if
Foster
Child***

[illegible]

Date _____

i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

Signature of Adult Household Member

Work Telephone Number (Include Area Code)	Home Telephone Number (Include Area Code)	Home Address (Number, Street, City, State, Zip Code)

☐ Native Hawaiian or Other Pacific Islander

Date: _____