

# ¡Es **MÁS** que una solicitud de Comida Escolar!

Completar la solicitud anual para comidas gratis o precio reducido puede conectar a los estudiantes y familias con tarifas de descuento adicionales y recursos de apoyo de la comunidad.

Aplica aquí [www.bsd405.org/freeandreduced](http://www.bsd405.org/freeandreduced) o llámanos al (425) 456-4507.

## Exención de Tarifas

Ofrece tarifas GRATIS o con descuento para artículos escolares elegibles.

Costos de Membresías de clubes y Tarjeta ASB



Tarifas Deportivas



Tarifas de Curso y Suministros



Tarifas de Exámenes IB /AP



Costos de Transporte para clubes



Costos para Escuela de Verano



HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
 BELLEVUE SCHOOL DISTRICT  
 For foster placement, consider applying online: [www.bsd405.org/freeandreduced](http://www.bsd405.org/freeandreduced)  
 Check here if you received meal benefits last year:  Yes  No  Homeless  Migrant

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an "X" in the appropriate box. Include any personal income received by the student and make an "X" in the correct box for how often it is received.

Student's Last Name	Student's First Name	Alt	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	Monthly	2-3 Month	3-6 Month	7-12 Month
							\$	<input type="checkbox"/>					
							\$	<input type="checkbox"/>					
							\$	<input type="checkbox"/>					
							\$	<input type="checkbox"/>					
							\$	<input type="checkbox"/>					

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number, if no, go to Step 3.  
 Basic Food  TANF  Food Distribution Program on Indian Reservations (FDPIR) Case Number: \_\_\_\_\_

3. List the names of all other household members. Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report.

Names of all other household members (do not include students listed above)	Earnings from work (before any deductions)	Public Assistance/ Child Support/ Alimony	Pensions/ Retirement/ Social Security (SS)	Any Other Income Not Already Listed	How often received															
					Weekly	Bi-weekly	Monthly	2-3 Month	3-6 Month	7-12 Month	Monthly	Bi-weekly	Monthly	2-3 Month	3-6 Month	7-12 Month				
	\$				<input type="checkbox"/>															
	\$				<input type="checkbox"/>															
	\$				<input type="checkbox"/>															
	\$				<input type="checkbox"/>															
	\$				<input type="checkbox"/>															

4. Total Household Members (include all people living in your household) \_\_\_\_\_ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Household Member: \_\_\_\_\_ Check if no SSN:

5. Contact Information & Signature - Complete, sign, and return this application to: Nutrition Services 12037 NE 5<sup>th</sup> Street, Bellevue, WA 98005

Printed Name of Adult Household Member: \_\_\_\_\_ Adult Household Member Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State & Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Centro de Conexión Familiar y Servicios Humanos

Conecta a las familias con información sobre servicios y recursos de apoyo en la comunidad local.

Programa de Mochilas (Útiles Escolares)



Programa de Ropa



Programa de Alimentos



Programas de zapatos



## Servicios de Enfermería/Salud

Conecta a las Familias con cupones para la visión.



Esta institución es un proveedor de igualdad de oportunidades.