



The Food Basket Inc.

Kaukau For Keiki – Hamakua Application

Please mail completed applications to:  
 The Food Basket  
 40 Holomua St.  
 Hilo, HI 96720

Please note that applications are processed on a first-come, first-served basis.

Online applications will be processed faster than paper copies. Must be in by June 9<sup>th</sup>.

Applicant Information

Parent/Guardian First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Please provide one that can receive texts)

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to contact you?  Call  Text  Email

Do you have a child currently enrolled in Public or Charter School and is now receiving Free or Reduced Lunch?

Yes  No

Within the past 30 days, our family had worried whether our food would run out before we got money to buy more.

Often True  Sometimes True  Never True  Don't Know/Prefer Not to Answer

Within the past 30 days, the food our family bought just didn't last and we didn't have money to get more.

Often True  Sometimes True  Never True  Don't Know/Prefer Not to Answer

Are you or a member of your family currently receiving SNAP benefits (food stamps)?

Yes  No

By checking this box, I am certifying that my family falls under the Federal Poverty Levels

**2022 ANNUAL HOUSEHOLD INCOME GUIDELINES (185% of poverty)**

(more than 8 add \$10,045.00 for each additional person)

Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income	Size	Income
2	\$38,961	3	\$49,006	4	\$59,052	5	\$69,097	6	\$79,143	7	\$89,188	8	\$99,234

**Children's Information** (Please list all children, if you need additional space, write on separate paper)

Child's Full Name	School Child is Enrolled In

**If you are selected, your pick up location will be emailed to you.**

Please list any persons (full names) who can pick up for you on the line provided. Please note that individuals who are picking up will be required to show government-issued identification.

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Do you live more than 30 minutes from Honokaa town?  Yes  No

***If you answered yes, you may qualify for home delivery service. Please provide honest answers to the following question for our team to determine if you qualify.***

Please check all that applies:

- We are able to pick up or have someone pick up for us
- Our household does not have access to a personal vehicle
- Our household has no adults with driving capacity due to disability or temporary disability
- All household members with driving capacity have work schedules that conflict with pickup schedules
- Our household does not have friends or another family member that would be able to pick up for us

Please share with us any additional information about your physical address (i.e., house color, specific streets, identifiable markings or if address is different than previously listed) on the line provided.

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***We will be reaching out to you by June 16 by email if you have been selected. Please note that applications are processed on a first-come, first-served basis. Online applications will be processed faster than paper copies.***

By signing below, you agree that the information provided is true and accurate.

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Print Name of Participant

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Signature of Participant

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Date