



The Food Basket Inc.

Kaukau For Keiki – Puna 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 9th.

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

Please choose your preferred pick-up site location:

- Pahoia Community Center, 15-3022 Kauhale St, Pahoia, HI 96778 on Fridays time is TBA
- Volcano Cooper Center, 19-4030 Wright Rd, Volcano, HI 96785 on Fridays time is TBA
- Puna Hongwanji, 16-492 Old Volcano Rd, Keaau, HI 96749 on Wednesdays 3:00pm – 6:00pm

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.

Do you live more than 30 minutes from the above pick up locations? 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.

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 may be processed faster than paper applications.

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

Print Name of Participant

Signature of Participant

Date