

Responsible Party Information:

Employer: _____

Earnings: \$ _____ per week, bi-weekly, bi-monthly, monthly, or year (circle one).

Unemployment benefits: \$ _____

Total Monthly Income: \$ _____

I certify that the above information is true and correct to the best of my knowledge. I authorize KCCHSD to make inquiries concerning the information.

Responsible Party: _____ Date: _____
(signature)

To be completed by KCCHSD:

PFS Determination: _____ Date: _____
(signature)

Approval: _____ Denial: _____ Reason: _____

CEO Approval: _____ Date: _____
(signature)