



**KIDS' INVOLVEMENT NETWORK**  
*North East Independent School District • Community Education*  
 8750 Tesoro Drive, San Antonio, Texas 78217 (210) 407-0140  
 e-mail: kin@neisd.net

## Application for Eligibility of Services / Solicitud de Elegibilidad de Servicios

\_\_\_\_\_  
**Name of Applicant / Nombre de Solicitante**

\_\_\_\_\_  
**Residence Address (Street, City, State, ZIP) / Dirección de Residencia (Calle, Ciudad, Estado, Código)**

\_\_\_\_\_  
**Email / Correo Electrónico**

\_\_\_\_\_  
**Cell Phone / Teléfono Móvil**

Names of <b>All</b> Household Members Nombres de <b>Todos</b> los Miembros del Hogar	Age Edad	Relationship to Participant Relación con el / la Participante	School / Escuela	Grade / Grado
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				
09.				
10.				
11.				
12.				

I understand that no refunds or prorated amounts are offered for these services. All information provided on this document represents a complete and accurate statement of my family's circumstances at the time of application.

Yo entiendo que no habrá devolución ni prorrateo de cantidad alguna por estos servicios. La información que se da en esta solicitud es una representación completa y verdadera de la situación actual de la familia del solicitante.

\_\_\_\_\_  
**Signature—Applicant / Firma—Solicitante**

\_\_\_\_\_  
**Date / Fecha**

***KIN Office Use Only***

KIN Account # \_\_\_\_\_

Date Rec'vd \_\_\_\_\_ Tax Return \_\_\_\_\_ Paycheck Stubs \_\_\_\_\_ SNAP \_\_\_\_\_ TANF \_\_\_\_\_ SSI \_\_\_\_\_

Household Size \_\_\_\_\_ Student Resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
**Specialist Signature**

\_\_\_\_\_  
**Date**

Annual Household Income \$ \_\_\_\_\_

Annual Participation Fee \$ \_\_\_\_\_

\_\_\_\_\_  
**Budget Manager Signature**

\_\_\_\_\_  
**Date**