

APPLICATION FOR THE FREE AND REDUCED LUNCH PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970); DoD Directive 1015.5. DoD Student Meal Program, and USAFE Instruction 36-401, Installation Commanders and School Liaison Officers. PRINCIPLE PURPOSE: To determine eligibility for free or reduced price meals under the National School Lunch Act and DoD Student Meal Program. ROUTINE USE(S): This form will be used solely for the principal purpose(s) described above. DISCLOSURE: The disclosure of the Social Security Number is voluntary. However it is required under the provision of the National School Lunch Act before your child may receive free or reduced lunch meals.

Before completing this form please read instruction on reverse

DO NOT FILL OUT THIS PART (FOR OFFICIAL USE)

TOTAL INCOME	Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year	HOUSEHOLD SIZE
SCHOOL YEAR	PROCESSED BY	DATE
ELIGIBILITY CATEGORY		REASON DENIED
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied		

I. FAMILY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial)	2. SPONSOR'S LAST FOUR SSN * * * - * * *	3. RANK	4. ORGANIZATION
5. DUTY PHONE	6. PSC or CMR	7. BOX	8. APO AE
			9. HOME PHONE
10. DEROs	11. E-MAIL ADDRESS (Work)	12. E-MAIL ADDRESS (Home)	

13. TOTAL HOUSEHOLD MEMBERS				
Names of all household members (Last, First, Middle Initial)	Name of school for each child / or indicate "NA" if child is not in school	GRADE	AGE	CHECK IF NO INCOME
				<input type="checkbox"/>

II. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (BEFORE TAXES)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay as income.

14. NAME (List only household members with income)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED				
	Earnings From Work before deductions BASE PAY + BAS <i>Include special duty pay</i>	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income	Income retained by deployed household member downrange
<i>(Example) Jane Smith</i>	<u>\$199.99/weekly</u>	<u>\$149.99/bi-monthly</u>	<u>\$99.99/monthly</u>	<u>\$50.00/monthly</u>	<u>\$ N/A / _____</u>
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III. CERTIFICATION STATEMENT (Read and initial each statement and sign below)

a. STATEMENT	b. INITIAL
15. <i>This application is made in connection with the receipt of federal funds. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal Statutes (UCMJ) or other regulations.</i>	
16. <i>Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch)</i>	
17. <i>A la carte food items are not covered under the free/reduced lunch program and will incur a charge to the student's account at the posted price.</i>	
18. <i>I understand that eligibility is only valid for the current school year and that another application must be submitted to determine eligibility for each new School Year.</i>	
19. <i>I certify that all of the above information is true and correct to the best of my knowledge.</i>	
20. SIGNATURE OF SPONSOR/HEAD OF HOUSEHOLD	21. DATE (YYYYMMDD)