CONFIDENTIAL APPLICATION FOR FREE AND REDUCED PRICE DoD STUDENT MEAL PROGRAM

"Section 9 of the National School Lunch Act, as amended, requires that in order for your child to be eligible for free or reduced-price meals, you must provide a social security number on the application. This may be the social security number of the parent or guardian who is the primary wage earner, the social security number of the adult household member signing the application, or an indication that neither possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the application cannot be approved."

"In the operation of child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age, or handicap"

Children having parents or guardians who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income puts the household income during the period of unemployment within the eligibility criteria

"In certain cases foster children are eligible for free or reduced-price meals regardless of your household income. If you have such children living with you and wish to apply for such meals for them, please contact us."

A household may appeal the decision of the installation or community commander under the hearing procedures set forth in section E4.5. DoDI 1015.5. The letter or notice shall be accompanied by a copy of the application form required under section E4.2.

NAME		SCI	GRADE					
Name of Parent/Guardian					Total Number in Family			
Mailing Address								
Telephone Number	E-mail Ad	droco		-				
	E-mail Au	uress						
		INCOME						
For purposes of determining eligibility taxes, insurance premiums, and bonds identified by source of income (such as	(see para E4.3, DoDI 1015.	eals, income is money earned be 5). Include the names of all hous	sehold members and the income re		•			
		use):	Name (Other):	Name (Other):				
Source of Income	Source of Ir	ncome	Source of Income	Source of Income				
Yearly	Yearly		Yearly	Yearly				
Monthly (i.e.,BP)	Monthly (i.e	e.,BP)	Monthly (i.e., BP)	Monthly (i.e.,BP)				
Separate Rations (BAS)	Separate Ra	ations (BAS)	Separate Rations (BAS)					
Other (Specify)	Other (Spec	cify)	Other (Specify)	Other (Specify)				
□ Specialty/Incentive	□ Specialty	/Incentive	□ Specialty/Incent	□ Specialty/Incentive				
Other (Retirement, cid support, alimony, etc.)	Other support, ali	(Retirement, child mony etc.)	Other (Retirement, child support, alimony, etc.)					
Do you have foster children living	with you and wish to app	bly for free or reduced meals	for them? 🗆 YES 🛛 NO					

USAG-Humphreys Form 1138, AUG 2011	PREVIOUS I	EDITIONS ARE OBSOLETE			
			mplete documentation as defined in enclosure		
2, DoDI 1015.5, October 11, 1983 (Adminis			2, July 24, 1991)		
 Information on this application may be veri 					
	ion commander c	luring the school year of a decre	ease in household size or of increases in income		
of over \$50 per month or \$600 per year.					
Signat	ture and Social S	Security Number (Adult mus	t sign)		
An adult household member must sign the appli	cation. If part I is (completed, the adult signing the	form must also list his or her Social Security		
Number or mark the "I do not have a Social Secu					
I certify (promise) that all information on this an	nlication is true a	nd that all income is reported. I	understand that the school will get federal funds		
			ntion. I understand that if I purposely give false		
information, my children may lose meal benefits					
Date	Signature of Par	ent, Guardian or Adult Member	of Family		
bute	Signature of Full				
Address (Residence)			Social Security Number		
E-mail Address					
			I do not have a Social Security Number		
		RRISON-HUMPHREYS USE			
APPROVED FREE		APPROVED REDUCED-PRIC			
REASON FOR DENIAL					
	TED OFFICIAL	SIGNATURE	DATE		
TYPED NAME AND GRADE OF DESIGNA REVIEWING APPLICATION	TED OFFICIAL	SIGNATURE	DATE		
	TED OFFICIAL	SIGNATURE	DATE		

DATE REQUIRED BY PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C., Section 3013

PRINCIPLE PURPOSE: To determine eligibility for free or reduced-price meals under DoDI 1015.5 and the National School Lunch Program.

ROUTINE USE(S): This form will be used solely for the principle purpose described above. When there are additional students listed on the form attending a different school than the one to which this was submitted, copies of the approved request will be furnished to other schools as appropriate for inclusion of each child in the program.

DISCLOSURE: Voluntary, however, failure to complete the form properly may preclude consideration for eligibility in the free and reduced price meal program.

FOR MORE INFORMATION http://www.dodea.edu/offices/logistics/docs/is 1015 5.pdf http://www.fns.usda.gov/cnd/lunch/

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