

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

FOR SCHOOL OFFICE USE ONLY

SCHOOL YEAR	PROCESSED BY	DATE (YYYYMMDD)	TIME	QUALIFICATION CATEGORY <input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> INELIGIBLE
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I. FAMILY INFORMATION

1. SPONSOR'S NAME <i>(Last, First, Middle Initial)</i>	2. SPONSOR'S SSN	3. RANK	4. ORGANIZATION
5. DUTY PHONE	6. PSC or CMR	7. BOX	8. APO AE
9. HOME PHONE	10. SPOUSE'S NAME <i>(Last, First, Middle Initial)</i>	11. SPOUSE'S SSN	12. DEROS
13. E-MAIL ADDRESS <i>(Work or Home)</i>			

14. TOTAL MEMBERS OF HOUSEHOLD *(Identify all children and other household members, including sponsor, regardless of age)*

NAME <i>(Last, First)</i> (a)	AGE (b)	GRADE (c)	SCHOOL (d)

II. FAMILY'S TOTAL GROSS MONTHLY INCOME *(before taxes)*

15. NOTE: If a spouse is deployed in support of the Global War on Terrorism only the portion of the spouse's income that is made available to the family is counted for eligibility purposes. State on the Leave and Earnings Statement (LES) what amount of the deployed member's income is being retained by the member and the gross amount that is made available for the family's support.

TYPE OF INCOME (a)	AMOUNT (b)	TYPE OF INCOME (a)	AMOUNT (b)
(1) BASE PAY		(8) ALL OTHER INCOME <i>(Specify)</i>	
(2) BASIC ALLOWANCE FOR SUBSISTENCE (BAS) - Refer to LES			
(3) SUPPORT/ALIMONY			
(4) RETIREMENT/PENSION			
(5) SPECIAL DUTY PAY			
(6) SPOUSE INCOME			
c. TOTAL INCOME			

III. CERTIFICATION STATEMENT *(Read and initial each statement and sign below)*

a. STATEMENT	b. INITIALS
16. <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>	
17. <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>	
18. <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>	
19. <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>	
20. <i>I certify that all of the above information is true and correct to the best of my knowledge. I have provided a copy of my LES as proof to the fact regarding rank, pay and years in service.</i>	

21. SIGNATURE OF SPONSOR/SPOUSE	22. DATE (YYYYMMDD)
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INSTRUCTIONS

To enroll in the Free or Reduced School Lunch Program, please complete the application on front and submit it along with a copy of your MOST RECENT Leave and Earnings Statement (LES) or pay stub (and your spouse's, if applicable) to your installation School Liaison Office.

APPLICATIONS SUBMITTED WITHOUT AN LES CANNOT BE PROCESSED.

Section I: Provide All Information Requested

The disclosure of the social security numbers of household members is completely voluntary HOWEVER it is required under the provision of the Richard B. Russell National School Lunch Act before your child may receive free or reduced lunch meals. If no Social Security Number is available please list the Foreign National Identification number list on your military issued identification card. Please list all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependent Schools - Europe.

Section II: Calculate Basic Pay (Your Base Pay According to Your LES)

- Base Pay
- Basic Allowance for Subsistence

Include, if applicable:

- Support/Alimony
- Retirement/Pension
- Special Duty Pay (i.e. Hazard Duty Pay, Hostile Fire Pay, Flight Pay, Jump Pay, Sea Duty, Foreign Language Proficiency Pay, etc.)
- Spouse Income (if spouse employment is regular, i.e. babysitting, substitute teaching, seasonal or temp hire, provide average monthly income.)
- Other Income (report all other forms of regular income to include any government-subsidized children's allowance or FSSA - Federal Social Services Administration (Food stamp program))

Calculate these amounts to determine total monthly income. (Basic Allowance for Housing is NOT calculated.)

***Note for Deployed Personnel:**

If a spouse is deployed in support of the Global War on Terrorism only the portion of the spouse's income that is made available to the family is counted for eligibility purposes. If this applies, state on the LES what amount of the deployed member's income is being retained by the member and the gross amount that is made available for the family's support.

Section III: Read, initial and sign Certification Statement

Your signature on the application certifies that all of the above information provided on the application is true and correct to the best of your knowledge. If fraudulent information was provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

If you need more information please contact your installation School Liaison Officer at:
