

<b>CONFIDENTIAL APPLICATION FOR FREE OR REDUCED-PRICED MEALS AND FREE MILK</b> <i>(USAREUR REG 352-1)</i>	<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED REDUCED <input type="checkbox"/> DENIED	DATE
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**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970) and the Free or Reduced-Price Meal Policy Statement of the Department of Defense.

**PRINCIPAL PURPOSE(S):** To determine eligibility for free or reduced price meals under the National School Lunch Program.

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

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Information disclosure is voluntary, however, failure to complete this form may preclude consideration for eligibility in the free or reduced-price meal program.

NAME OF SCHOOL APPLICATION WILL BE SUBMITTED TO \_\_\_\_\_

**APPLICATION FOR FREE OR REDUCED-PRICE MEALS AND FREE MILK IS FOR THE FOLLOWING CHILDREN:**

NAME (Last, First, MI)	NAME OF SCHOOL	GRADE

NAME (Last, First, MI) OF PARENT OR GUARDIAN	RANK	SSN	TOTAL NO. IN FAMILY

Unit address including CMR, Box and APO	DUTY PHONE	YEARS IN SERVICE

**TOTAL FAMILY INCOME BEFORE DEDUCTIONS (INCLUDING WAGES OF ALL WORKING MEMBERS, WELFARE PAYMENTS, PENSION, SOCIAL SECURITY, CHILD SUPPORT OR ALIMONY, HOUSING ALLOWANCE, AND ALL OTHER INCOME):**

ANNUAL INCOME OF MALE PARENT OR GUARDIAN \_\_\_\_\_

ANNUAL INCOME OF FEMALE PARENT OR GUARDIAN \_\_\_\_\_

TOTAL INCOME OF FAMILY \_\_\_\_\_

FOSTER CHID(REN) ELIGIBLE FOR FREE OR REDUCED-PRICE MEALS (REGARDLESS OF FAMILY INCOME)  
*(GUARDIANS MAY BE CONTACTED FOR MORE INFORMATION REGARDING FOSTER CHILDREN) TO DETERMINE ELIGIBILITY)*

**THIS APPLICATION IS BEING MADE IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS. SCHOOL OFFICIALS MAY FOR CAUSE VERIFY INFORMATION IN APPLICATION. DELIBERATE MISREPRESENTATION OF INFORMATION MAY SUBJECT THE APPLICANT TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUS.**

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE OF PARENT OR GUARDIAN	DATE

Complete mailing address if other than above.	TELEPHONE NUMBER

<b>FOR OFFICIAL USE ONLY</b>	
<input type="checkbox"/> APPROVED FREE <input type="checkbox"/> APPROVED REDUCED <input type="checkbox"/> DENIED (Provide reason for denial)	SIGNATURE OF OFFICIAL REVIEWING APPLICATION

**AE FORM 352-1A-R, MAR 91**

**ALL Other editions are obsolete.**

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 NOTIFICATION OF ACTION TAKEN-DETACH AND RETURN TO PARENT OR GUARDIAN AFTER COMPLETION

TO THE PARENT OR GUARDIAN OF \_\_\_\_\_.

YOUR APPLICATION FOR FREE OR REDUCED-PRICED MEALS IS  APPROVED FOR  FREE LUNCH  A REDUCED-PRICE MEAL  
 DISAPPROVED FOR THE FOLLOWING REASONS: