

FREE & REDUCED MEAL PROGRAM APPLICATION

School Year 2020-2021

The Fleet and Family Support Center (FFSC) is the designated Free and Reduced Meal Program Manager (FARMM) responsible for processing applications and the approving authority for the Free and Reduced Meal (FARM) program which is offered to Yokosuka DoDEA students during the 2020/21 school year.

Principle Purpose: To determine eligibility for free or reduced-price meals under the National School Lunch Program.

USE OF INFORMATION STATEMENT:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The disclosure of the last four of the social security number (SSN) of household member 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-price lunch meals. If no SSN last four is available, please list the foreign national identification number from your military-issued ID card. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We *may* share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

REQUIRED DOCUMENTS: Please provide a copy of your most CURRENT Leave and Earnings Statement (LES) and/or pay stubs and all income statements for members in household.

To apply for free or reduced-price meals for your children, please fill out all information on the application.

INCOME GUIDELINE:

Effective from July 1, 2020 to June 30, 2021

ALASKA-DoDDS* INCOME ELIGIBILITY GUIDELINES

<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>

RETURN TO:

The Community Readiness Center BLDG 3365, FFSC 4th Floor Room 407. Work and Family Life (WFL) office. Or Ikego Fleet and Family Support Center Office, BLDG 673.

APPLICATION FOR FREE & REDUCED MEAL PROGRAM INSTRUCTIONS:

To enroll in the Free and Reduced-Price School Lunch Program, please complete the application and submit with a copy of your most current leave and earnings statement (LES) or pay stub (and spouse's, if applicable) and all other supporting documents.

* APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED DOCUMENTS.

SECTION I - OFFICE USE ONLY

SECTION II - FAMILY INFORMATION

The disclosure of the household members' information 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-price lunch meals. You must include the last four digits of the social security number of the sponsor. Please list all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependents Schools.

***** Block d. List school name and DoDEA Student number which can be obtained either from the school or by logging on to <https://dodea.gradespeed.net> under the Manage Student tab.**

SECTION III - ADDITIONAL HOUSEHOLD MONTHLY INCOME BEFORE TAXES

- Child Support
- Alimony
- Retirement income
- Income from self-employment/unemployment benefits
- Rental income
- Social security
- Private pensions or annuities
- Regular contributions from persons not living in the household
- Royalties
- Disability Benefits
- Interest and dividend incomes; investments, trusts
- Other income

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***Income DOES NOT include the following:** All Housing Allowances (BAH/OHA/TLA/ BAQ/LQA, ETC.), Cost of Living Allowance (COLA), Post Allowance, Foreign transfer allowance, supplementary post allowance, education allowance, education travel allowance, representation allowance, home service transfer allowance, official residence expense allowance, travel allowance.

SECTION IV - CERTIFICATE STATEMENT

Your signature on the application certifies that all of information provided on the application is true and correct to the best of your knowledge. Your signature also serves as notice that your information will be used in support of the School Meal Program requirements by US Navy, NEX, and DoDEA for official purposes. Providing fraudulent information may result in prosecution under the UCMJ or Federal Law and dismissal from the program.

APPLICATION PROCESS:

When a completed application furnished by a household meets the eligibility criteria for free or reduced-price meals, the household will be provided the benefits to which it is entitled.

Processing time frame and a decision will be made on your application within 10 business-days of the receipt of all required documents.

Once approved or denied, your Notification of Action Taken letter will be mailed or emailed to you at the address listed on your application.

If approved in the current school year, there is no further need to report changes in income unless it is a decrease and may result in either free or reduced meals for your child or children.

**NOTE: USDA requires the School Food Authority (SFA) and/ or the local Base Commander to conduct a program review, annual audit, and a verification of a sampling of applications. You may be contacted to resubmit your forms for validation purposes. Additionally, the USDA requires us to retain all records for three years.*

NOTICE OF APPROVAL

When a completed application meets the eligibility requirements for free or reduced-price meals, the sponsor or head of household will be contacted via the information provided on the application.

The Free and Reduced Meal Program Manager will issue a Notification of Action Taken Letter. This letter contains the action taken concerning your child/children's application for free or reduced price meal(s).

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NOTICE OF DENIAL

When an application furnished by a household is not fully supported by the proper documentation or does not meet the eligibility requirements for free or reduced-price benefits, the designated official shall promptly provide notice to the household. This notice shall include the reason for denial of benefits, notification of the right to appeal, instructions on how to appeal, and a statement reminding households that they may reapply for free and reduced-price benefits at any time during the current school year if their financial situation changes.

APPEAL OF DENIED BENEFITS PROCESS

A household who wishes to appeal a denied application shall follow the hearing procedures listed in instruction DOD 1015.5; however before initiating the hearing procedure, the head of the household may request a conference with the Free and Reduced Meal Program Manager and the approving official to provide the opportunity for the head of the household to discuss the situation, present any additional information, and obtain an explanation of the data.

CONTACT INFORMATION:

**Point of contact for the Application: Fleet and Family Support Center FARM DSN 243-9632 or
FFSCInfo@fe.navy.mil**

Point of contact for NEX School Meal Program Manager: Cell phone: 080-6830-1409



Child and Youth Programs

APPLICATION FOR FREE & REDUCED MEAL PROGRAM FOR OFFICIAL USE ONLY (when filled in)

Privacy Act Statement

Authority: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970), DOD Directive 1015.5,
Principal purpose(s): To determine eligibility for free or reduced-price meals under the National School Lunch Act, DOD Student Meal, Reduced-Price Meals and Free Milk Program.
Routine use(s): This form will be used solely for the principal purpose(s) described above. Mandatory or voluntary disclosure and effect on individual not providing information: Voluntary. However, the social security number is required under the provision of the National School Lunch Act before your child may receive free or reduced-priced lunch meals.

SECTION I. FOR OFFICE USE ONLY – REVIEW/APPROVAL PROCESS

SCHOOL YEAR (YYYY)	PROCESSED BY	DATE (YYYY-MM-DD)	QUALIFICATION CATEGORY	DATE NOTIFIED (YYYY-MM-DD)
			FREE REDUCED INELIGIBLE	

SECTION II. FAMILY INFORMATION

1. SPONSOR'S NAME (last, first, middle)	2. SPONSOR'S LAST FOUR (SSN)	3. GRADE	4. ORGANIZATION	
5. DUTY PHONE	6. PSC #	7. BOX	8. APO/FPO	9. HOME PHONE
10. E-MAIL		11. SPOUSE'S NAME (last, first, middle)		

12. TOTAL MEMBERS OF HOUSEHOLD (identify all children and household members, including sponsor, regardless of age, additional space on page 4)

a. NAME (last, first)	b. AGE	c. GRADE	d. SCHOOL	e. STUDENT #

SECTION III. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (before taxes, use page 3 for spouse and other income)

1a. TYPE OF INCOME (applications cannot be processed without a copy of LES or pay stub)	1b. AMOUNT
(1) BASE PAY	
(2) BASIC ALLOWANCE FOR SUBSISTENCE (refer to LES)	
(3) SUPPORT/ALIMONY	
(4) RETIREMENT/PENSION	
(5) SPECIAL DUTY PAY AND OTHER INCOME (Career Sea Pay—adjust to actual amount if less than 12 months)	
(6) SPOUSE INCOME (Use the worksheet on page 3, if used must be included with application)	
(7) OTHER INCOME (Use the worksheet on page 3, if used, must be included with application)	
TOTAL INCOME:	

SECTION IV. CERTIFICATION STATEMENT (Read and initial each statement and sign below.)

1. STATEMENT	1b. INITIALS
(1) 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 Law, UCMJ, or other regulations. I understand that eligibility is valid only for the current school year and that another application must be submitted to determine eligibility for each new school year.	
(2) Meals covered in the free/reduced-price lunch program are for 1 year and 1 USDA-approved lunch per day (excludes Lunch Plus). A la carte food items are not covered under the free/reduced-price lunch program and I must have cash or funds in the student's account for these items.	
2. DATE (YYYY-MM-DD)	3. SIGNATURE



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INSTRUCTIONS

Use of Information Statement: To enroll in Free and Reduced-Price School Lunch Program, complete the application and submit with a copy of most current leave/earnings statement (LES) or pay stub (and spouse's, if applicable). The disclosure of the last four of the social security number (SSN) of household member 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-price lunch meals. If no SSN last four is available, please list the foreign national identification number from your military-issued ID card. List all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependents Schools. You must include the last four digits of the social security number of the adult household member who signs the application. Your information will be used to determine if your child is eligible for free or reduced price meals. While disclosure of the last 4 digits of a social security number is voluntary, the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application. Information will be shared with School Food Authority (SFA), Food Service Management Company (FSMC), and DoDEA. Applications submitted without a LES or pay stubs can be accepted but not processed until received.

SECTION I – OFFICE USE ONLY

SECTION II – FAMILY INFORMATION

SECTION III – HOUSEHOLD GROSS MONTHLY INCOME (BEFORE TAXES) [applicants can use worksheet on page 3 to calculate their incomes. If used, must be included with application] [USDA Income Eligibility Guidance – IEG at Alaska rates] Check FARM Operating Manual if you are not certain.

- Base pay
- Basic allowance for subsistence
- Include if applicable:
 - Support/alimony
 - Retirement/pension
 - Special duty pay (career sea pay adjust to actual amount if less than 12 months)
 - Spouse income (if spouse employment is not regular (for example, babysitting, substitute teaching, seasonal or temporary hire), provide average monthly income)
 - Other income (report all other forms of regular income, including any Government-subsidized children's allowance or Federal Social Services Administration (Food Stamp Program). Calculate these amounts to determine total monthly income. ("combat pay" is not calculated.)

OCONUS EXCLUSION: Per DOD memo, BAH, OHA, LQA & BAH RC/T are NOT included

***Note for Deployed Personnel:** "The USDA will continue to count only the portion of the deployed service members income made available by them or on their behalf to the household as income. This is a continuation of the policy established through USDA March 12, 2003, memo. Policy Exception-Family Size/Income Determinations.

SECTION IV: Your signature on the application certifies that all information provided on the application is true and correct.

PROGRAM WORKSHEET (PAGE 3): Completed if there is additional income to report from item IIIa.

APPLICATION PROCESS

- An application adjudication decision will be made on your application within 5 work days of receipt of all required documents and the entire process will be completed within 10 operating days.
- Income Eligibility Guidelines (IEGs) "ALASKA" rate for USDA free and reduced price meals is used to determine eligibility and available at the USDA web page: <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>
- If approved, you will be contacted and your eligibility decision will be forwarded to the local Food Service Management Company (FSMC) which is NEX for all locations with exception of Bahrain (MWR).
- If disapproved, you can appeal the decision to the next higher local level above the approval authority.
- In the approved school year (SY), there is no further need to report changes in income unless it's a decrease and may result in an increase in either free or reduced meals for your students. NOTE: The SY begins 1 July each year for USDA purposes.
- Apply within 30-days of the new SY start if you had an approved application in the last SY. Students enrolled in "Sure Start" can be "directly certified" using DoDEA policy for "categorical eligibility."
- USDA requires School Food Authority (SFA) to conduct a verification of a sampling of applications. Additionally, USDA requires the SFA to retain all records for three years.
- Apply through your FARM processing official for your location (School Liaison Officer in Navy Region Europe, Africa, Southwest Asia, GTMO or Fleet and Family Support Center in Navy Region Japan).



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SECTION III (CONTINUED) FARM PROGRAM CALCULATION WORKSHEET (Optional Unless Used to Calculate Income on Page 1)

Sponsor's Full Name			
A. Military Income (Sponsor)			
1) BASE PAY			
2) BAS (subsistence allowance)			
3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months)			
4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)			
5) Other Income (see application instructions on PG 2)			
6) Clothing Allowance (add once per year income)			
Total Monthly Income (add lines 1-5 together)			
Total Annual Income (Total Monthly Income x 12) + (Line 6)			
B. Dual Military Member's Income (If Dual Military family)			
1) BASE PAY			
2) BAS (subsistence allowance)			
3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months)			
4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)			
5) Other Income (see application instructions on PG 2)			
6) Clothing Allowance (add once per year income)			
Total Monthly Income (add lines 1-5 together)			
Total Annual Income (Total Monthly Income x 12) + (Line 6)			
C. Civilian or Contractor (Sponsor/Head of Household)			
1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
3) Bi-Monthly Pay (DoD Teachers) (gross amount)		X 21 Weeks =	
4) Misc Pay (if paid different schedule) (gross amount)		X Weeks or Months Misc Total =	
5) Other Income (see application instructions on PG 2)		Other Income Total =	
Total Annual Income (add lines 1-5 together)			
D. Spouse or Significant Other/Second Job/Other income			
1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
3) Bi-Monthly Pay (DoD Teachers) (gross amount)		X 21 Weeks =	
4) Misc Pay (if paid different schedule) (gross amount)		X Weeks or Months Misc Total =	
5) Other Income (see application instructions on PG 2)		Other Income Total =	
Total Annual Income (add lines 1-5 together)			
E. Retirement Income			
1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
Total Annual Retirement Income			
F. Total (Gross) Family Income			Total Overall Income =
<i>(Add all Total Income blocks together to obtain total gross income)</i>			



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SECTION II (CONTINUED)

Sponsor's Full Name

ITEM 12. CONTINUED - TOTAL MEMBERS OF HOUSEHOLD (identify all children and household members, including sponsor, regardless of age)

a. NAME (last, first)	b. AGE	c. GRADE	d. SCHOOL	e. STUDENT #

SECTION I (CONTINUED) FOR OFFICE USE ONLY – REVIEW/APPROVAL PROCESS

REVIEWING OFFICIAL ACTIONS

CHECK
APPROPRIATE
BLOCK(S)

1. Recommend Approval - Free
2. Recommend Approval - Reduced
3. Recommend Application Be Denied (note reasons in additional comments below)
4. No action; application incomplete, applicant contacted.

ADDITIONAL COMMENTS:

DATE (YYYY-MM-DD) SIGNATURE

APPROVING OFFICIAL ACTIONS

CHECK
APPROPRIATE
BLOCK(S)

1. Approved - Free
2. Approved - Reduced
3. Denied
4. Disposition "Notification Letter" sent to applicant and if application approved, NEX notified

DATE (YYYY-MM-DD) SIGNATURE