

Office Use Only
Date Rec'd: _____
Staff Initials: _____
LES/Pay Stub _____

# FREE & REDUCED MEAL PROGRAM APPLICATION FOR School Year 2015-2016

The Fleet and Family Support Center (FFSC) is processing applications for the Free and Reduced Meal program which is offered to Yokosuka DoDDs students during the 2015/16 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. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. 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, 2015 to June 30, 2016  
ALASKA-DoDDs\* INCOME ELIGIBILITY GUIDELINES

**RETURN IT TO:**

**The Community Readiness Center BLDG 3365,  
FFSC 4<sup>th</sup> Floor Room 405.  
Work and Family Life (WFL)**

## APPLICATION FOR FREE & REDUCED MEAL PROGRAM

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## 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 f. DoDEA Student number can be located 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
- Income from self-employment
- All banking investments
- Rental income
- Social security payments
- Private pensions or annuities
- Regular contributions from persons not living in the household
- Royalties
- Other income

\*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.

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# APPLICATION FOR FREE & REDUCED MEAL 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 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 an increase 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).
- If approved for either free or reduced-price meal, please turn in a copy of the Notification of Action Taken letter to the NEX Cash Cage, located in the Main NEX Store, for processing.

## NOTICE OF DENIAL

- When an application furnished by a household is not fully documented 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 Tricia Marino 243-9632**
- **Point of contact for NEX School Meal Program Coordinator 243-4000**

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**APPLICATION FOR FREE & REDUCED MEAL PROGRAM**

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**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 individuals not providing information may impact the determination for eligibility for free or reduced-price meals.

**Please read instructions on page 2 before completing this form.**

**I. FOR OFFICE USE ONLY**

DATE RECEIVED	RECEIVED BY (PRINT)	DATE APPROVED	QUALIFICATION CATEGORY (circle one)			DATE NOTIFICATION MAILED
			FREE	REDUCED	INELIGIBLE	

**II. FAMILY INFORMATION**

1. SPONSOR'S NAME (last, first, middle)		2. SPONSOR'S Last 4 of SS#		3. RANK/GRADE	4. ORGANIZATION	
5. SPONSOR'S COMMAND		6. MAILING ADDRESS		7. FPO/AP	8. ZIP CODE	9. COMMAND PHONE
10. HOME PHONE		11. CELL PHONE		SPOUSE NAME		

**13. FAMILY MEMBERS OF HOUSEHOLD** (identify all children and household members, regardless of age)

a. NAME (last)	b. NAME (first)	c. RELATIONSHIP TO SPONSOR	d. GRADE (K-12)	e. SCHOOL ATTENDING	f. DODEA STUDENT NUMBER

Total number of Household, including sponsor and spouse :

**III. HOUSEHOLD Additional MONTHLY INCOME** (before taxes)

TYPE OF INCOME (applications cannot be processed without a copy of LES or pay stub and all supporting documents)	AMOUNT
Child Support/Alimony	
Rental Income	
Retirement Pay	
Self-Employment Pay	
Other Income	

**IV. CERTIFICATION STATEMENT** (Read and sign below)

**1. STATEMENT**

- (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 or other regulations.
- (2) Meals covered in the free and reduced-price lunch program are for one USDA-approved tray lunch per day (excludes lunch plus).
- (3) A la carte food items are not covered under the free and reduced-price lunch program and will incur a charge to the student's account.
- (4) 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.
- (5) I certify that all of the above information is true and correct to the best of my knowledge.

2. DATE (YYYYMMDD)	3. Parent or Guardian Signature

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