

**CONFIDENTIAL APPLICATION FOR FREE AND REDUCED-PRICE MEALS AND FREE MILK
(AE Reg 352-1)**

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 and Reduced-Price Meals and Free Milk Program, and AE Regulation 352-1.

Principal purpose(s): To determine eligibility for free or reduced-price meals under the National School Lunch Act and DOD Student Meal and 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.

Please read instructions on page 2 before completing this form.

Do not fill out this part (For Official Use Only)

Total income	Per <input type="checkbox"/> Week ; <input type="checkbox"/> Every 2 weeks ; <input type="checkbox"/> Twice a month ; <input type="checkbox"/> Month ; <input type="checkbox"/> Year	Household size
School year (YYYY)	Processed by	Date (YYYYMMDD)
Eligibility category <input type="checkbox"/> Free ; <input type="checkbox"/> Reduced ; <input type="checkbox"/> Denied		Reason denied

I. Family Information

1. Sponsor's name (last, first, middle initial)	2. Sponsor's SSN (last 4 digits)	3. Grade	4. Organization
5. Duty telephone	6. PSC or CMR	7. Box	8. APO AE
9. Home telephone		10. DEROs (YYYYMMDD)	11. E-mail address (work)
		12. E-mail address (home)	

13. Total household members				
Name of all household members (Last, first, middle initial)	Name of school for each child (or indicate "NA" if child is not in school)	Grade	Age	Check if no income
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

II. Household Total Gross Monthly Income (before taxes)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include overseas housing allowance, cost of living allowance, or combat pay as income.

14. Name (First middle initial last) (List only household members with income)	Gross income and how often it was received					Income retained by deployed household member downrange
	Earnings from work before deductions Base Pay + BAS <small>Include special duty pay.</small>	Welfare, child support, alimony	Pension, retirement, social security, SSI, VA benefits	All other income		
<i>Example: Jane Smith</i>	<i>\$199.99/weekly</i>	<i>\$149.99/bi-monthly</i>	<i>\$99.99/monthly</i>	<i>\$50.00/monthly</i>		<i>NA</i>

III. Certification Statement (Read and initial each statement and sign below.)

Statement	Initial
15. 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.	<input type="checkbox"/>
16. Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch).	<input type="checkbox"/>
17. 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.	<input type="checkbox"/>
18. 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.	<input type="checkbox"/>
19. I certify that all of the above information is true and correct to the best of my knowledge.	<input type="checkbox"/>

20. Signature of sponsor/head of household	21. Date (YYYYMMDD)
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