

CONFIDENTIAL APPLICATION FOR FREE AND REDUCED PRICE MEALS AND FREE MILK (Ltr. DAAG-EDS, Office of the Adjutant General, Wash DC 20314, 28 August 1980)		<input type="checkbox"/> Approved <input type="checkbox"/> Approved Reduced <input type="checkbox"/> Denied	Date
<b>COMPLETE ALL REQUESTED INFORMATION</b>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<p><b>AUTHORITY:</b> The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970) and the Free and Reduced Price Meal Policy Statement of the Department of Defense.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To determine eligibility for free or reduced price meals under the National School Lunch Program.</p> <p><b>ROUTINE USES:</b> 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 to the other schools, as appropriate, for proper inclusion of each child in the program.</p> <p><b>MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:</b> Voluntary - however, failure to complete this form properly may preclude consideration for eligibility in the free and reduced price meal program.</p>			
<p><b>PARENTS:</b> To apply for free or reduced price meals for your children, please fill out this form and return this application to:  <b>NAVSTA FOOD SERVICE OFFICER, DGF HIGH SCHOOL ADMIN OFFICE, OR DGF ELEMENTARY ADMIN OFFICE</b></p>			
Name(s), School(s), and Grade(s) for whom application is made:			
NAME	SCHOOL	GRADE	
NAME AND RANK/GRADE OF PARENT OR GUARDIAN		SSN	TOTAL # OF FAMILY
WORK/DUTY ADDRESS		DUTY PHONE	YEARS IN SERVICE
I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			
SIGNATURE OF PARENT, GUARDIAN, OR ADULT MEMBER OF FAMILY			DATE
MAILING ADDRESS (FPO)	EMAIL ADDRESS	HOME PHONE NUMBER	
NOTE: Application will be considered only if all requested information has been provided.			
DO NOT WRITE BELOW THIS LINE			
<input type="checkbox"/> Approved Free	<input type="checkbox"/> Approved Reduced	<input type="checkbox"/> Denied, Reason for Denial:	
SIGNATURE OF DESIGNATED OFFICIAL REVIEWING APPLICATION			DATE

## Supplemental Income Computation Worksheet for DoD Student Meal Program

Reference: Department of Defense Directive, Number 1015.5

**Income defined:** For purposes of determining eligibility for free or reduced-price meals, income is money earned before deductions such as income taxes, employees' social security taxes, insurance premiums, and bonds. It includes the following:

	Amount received:	
	Monthly (Or)	Annually
1) Monetary compensation for services, including wages, salary, commissions, or fees (such as basic pay, basic allowance for subsistence, and other allowances).	\$ <i>04 LES</i>	\$
2) Income from self-employment, net of allowable deductions and expenses.	\$	\$
3) Social security payments.	\$	\$
4) Dividends or interest on savings or bonds, income from estates or trusts.	\$	\$
5) Rental income, net of allowable deductions and expenses.	\$	\$
6) Public assistance or welfare payments.	\$	\$
7) Government civilian employee or military retirement or pensions.	\$	\$
8) Veterans' payments (except for Veterans' Administration educational payments).	\$	\$
9) Private pensions or annuities.	\$	\$
10) Alimony or child support payments.	\$	\$
11) Regular contributions from persons not living in the household.	\$	\$
12) Royalties, net of allowable deductions and expenses.	\$	\$
13) Post differential or station allowance.	\$	\$
14) Military special and incentive pay.	\$	\$
15) Temporary lodging allowance.	\$	\$
16) Civilian special and incentive pay or differential.	\$	\$
<b>Note: The following allowances will not be computed in your gross income:</b>	<b>Total:</b>	\$
1) Overseas housing allowance (OHA) or BAH.		
2) Cost of living allowance (COLA).	<b>Grand Total:</b>	\$
3) Post allowance.		(\$ X 12 MO) (\$ X 1YR)
4) Foreign transfer allowance.		
5) Supplementary post allowance.		
6) Education allowance.		
7) Educational travel allowance.		
8) Representation allowance.		
9) Home service transfer allowance.		
10) Official residence expense allowance.		
11) Travel allowance.		
<b>All information contained herein is subject to verification. The information you provide is protected by the Privacy Act and will be kept confidential. I certify that all of the above information is true and correct to the best of my knowledge and belief.</b>		
<b>SIGNATURE OF PARENT, GUARDIAN, OR ADULT FAMILY MEMBER</b>		
Sign:		Date:
First Name:	Middle Name:	Last Name:
		Social Security Num: