

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).	\$ <u>ON LES</u>	\$
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.	\$	\$
Note: The following allowances will not be computed in your gross income:	Total:	\$
1) Overseas housing allowance (OHA) or BAH.		
2) Cost of living allowance (COLA).	Grand Total:	\$
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.		
<p>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.</p>		
<p>SIGNATURE OF PARENT, GUARDIAN, OR ADULT FAMILY MEMBER</p>		
	Sign:	Date:
First Name:	Middle Name:	Last Name:
		Social Security Num: