



**DEPARTMENT OF THE AIR FORCE
31ST FIGHTER WING (USAF)**

MEMORANDUM FOR SPONSORS OF DoDDS' STUDENTS

FROM: 31 MSG/DPS

SUBJECT: DoD Student Meal Program **2008-2009** School Year

1. Applications for the free and reduced lunch program for SY 08-09 will be accepted beginning July 14, 2008. Please complete the attached application per the instructions, provide a copy of your most recent LES and any supporting documents showing additional household income. Please note: Your application cannot be approved if it does not contain all eligibility requirements.
 - Only ONE application is required per household, all dependents in Sure Start – 12th grades should be listed on a single application.
 - *Please include a current phone number, primary e-mail address, and alternate e-mail address to expedite the notification process.*
 - For students with special dietary needs, a waiver of basic meal requirements shall be supported by a statement from a medical authority. Please contact this office for additional information
2. Applications will be processed beginning **August 11, 2008 at which time sponsors will be notified of their status within 10 working days.**
3. After completing the application, please PRINT the document and drop off the application in the blue box at the school(s) office(s). *Incomplete applications will not be processed and will delay the approval process. Please sign and initial each section in Section III in accordance with the instructions.*
4. Once your application has been approved, a qualifying letter will be sent to the BX cashier's cage where you can complete the lunch account set-up process. **Please note: Lunch accounts should be set-up for each new school year.**
5. If you have any questions about the lunch application process or program, please do not hesitate to contact me at Michelle.Gardner@aviano.af.mil or 632-5261. If you have questions about lunch prices, nutrition/dietary information, or your lunch account please contact Mr. Gabe Curtis, Cafeteria Manager, at CurtisG@aafes.com.

Respectfully,

A handwritten signature in cursive script, appearing to read "Michelle Gardner", is written over the typed name.

Michelle Gardner
School Liaison Officer
31 MSG/DPS

FAQs

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Foster children may qualify for the program regardless of the household's income. Please contact this office for more information.
- 2. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
- 3. Will the information I give be checked?** Yes, we may ask you to send written proof.
- 4. If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TANF or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
- 5. What if I disagree with the school's decision about my application?** Please contact the School Liaison Office for more information.
- 6. May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
- 7. Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.
- 8. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
- 9. We are in the military, do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.
- 10. How will I know what is covered under the Free/Reduced lunch program?** A copy of the approval letter explaining what is covered under the free/reduced program will be sent to you via e-mail or standard mail.

The new USDA guidelines, effective July 1, 2008-June 30, 2009, are listed below. Once you have determined your monthly income use the information below to determine if your dependents qualify for the Free and Reduced Lunch Program.

Please note: other income to include in your monthly income calculation includes but is not limited to: special duty pay, support/alimony, retirement/pension, spouse income, etc.

<p>Compare your monthly income and household size to the table to the right. For example, If your household size is three, (Single parent two children or Sponsor and spouse with one child) and your monthly income is below \$2384.00, you qualify for free lunch. If your monthly income is above \$2384.00 but below \$3392.00 then you qualify for reduced lunch. If your monthly income is above \$3392.00 then you do not qualify. IF YOU ARE UNSURE OF THE CALCULATION PLEASE SUBMIT AN APPLICATION TO THE SCHOOL LIAISON OFFICE AND I WILL DETERMINE ELIGIBILITY.</p>	Household Size	Red/Month	Free/Month
	2	\$2,698	\$1,896
	3	\$3,392	\$2,384
	4	\$4,086	\$2,871
	5	\$4,780	\$3,359
	6	\$5,473	\$3,846
	7	\$6,167	\$4,334
	8	\$6,861	\$4,821
	Add'l family member	\$694	\$488

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Helpful Hints:

Failure to do the following may delay the application process

1. Please Print or Type the required information on the application
2. Please ensure you have initialed each statement in Section III (#16-20) and provide your signature as requested in #21
3. Please specify your child's Name, Age, Grade, School on the application
4. Please include an alternate e-mail address or phone number
5. Please PRINT the application and drop it off at any of the schools offices to ensure your application is received. (On occasion network or computer issues prevent electronic receipt of scanned documents)

INSTRUCTIONS

To enroll in the Free or Reduced School Lunch Program, please complete the application on front and submit it along with a copy of your MOST RECENT Leave and Earnings Statement (LES) or pay stub (and your spouse's, if applicable) to your installation School Liaison Office.

APPLICATIONS SUBMITTED WITHOUT AN LES CANNOT BE PROCESSED.

Section I: Provide All Information Requested

The disclosure of the social security numbers of household members 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 lunch meals. If no Social Security Number is available please list the Foreign National Identification number list on your military issued identification card. Please list all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependent Schools - Europe.

Section II: Calculate Basic Pay (Your Base Pay According to Your LES)

- Base Pay
- Basic Allowance for Subsistence

Include, if applicable:

- Support/Alimony
- Retirement/Pension
- Special Duty Pay (i.e. Hazard Duty Pay, Hostile Fire Pay, Flight Pay, Jump Pay, Sea Duty, Foreign Language Proficiency Pay, etc.)
- Spouse Income (if spouse employment is regular, i.e. babysitting, substitute teaching, seasonal or temp hire, provide average monthly income.)
- Other Income (report all other forms of regular income to include any government-subsidized children's allowance or FSSA - Federal Social Services Administration (Food stamp program))

Calculate these amounts to determine total monthly income. (Basic Allowance for Housing is NOT calculated.)

***Note for Deployed Personnel:**

If a spouse is deployed in support of the Global War on Terrorism only the portion of the spouse's income that is made available to the family is counted for eligibility purposes. If this applies, state on the LES what amount of the deployed member's income is being retained by the member and the gross amount that is made available for the family's support.

Section III: Read, initial and sign Certification Statement

Your signature on the application certifies that all of the above information provided on the application is true and correct to the best of your knowledge. If fraudulent information was provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

If you need more information please contact your installation School Liaison Officer at:

APPLICATION FOR THE FREE AND REDUCED LUNCH PROGRAM

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 Program, and USAF Instruction 36-401, Installation Commanders and School Liaison Officers. **PRINCIPLE PURPOSE:** To determine eligibility for free or reduced price meals under the National School Lunch Act and DoD Student Meal Program. **ROUTINE USE(S):** This form will be used solely for the principal purpose(s) described above. **DISCLOSURE:** The disclosure of the Social Security Number is voluntary. However it is required under the provision of the National School Lunch Act before your child may receive free or reduced lunch meals.

Before completing this form please read instruction on reverse

FOR SCHOOL OFFICE USE ONLY

SCHOOL YEAR	PROCESSED BY	DATE (YYYYMMDD)	TIME	QUALIFICATION CATEGORY
				<input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> INELIGIBLE

I. FAMILY INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial)	2. SPONSOR'S SSN	3. RANK	4. ORGANIZATION
5. DUTY PHONE	6. PSC or CMR	7. BOX	8. APO AE
9. HOME PHONE			
10. SPOUSE'S NAME (Last, First, Middle Initial)	11. SPOUSE'S SSN	12. DEROS	13. E-MAIL ADDRESS (Work or Home)

14. TOTAL MEMBERS OF HOUSEHOLD (Identify all children and other household members, including sponsor, regardless of age)

NAME (Last, First) (a)	AGE (b)	GRADE (c)	SCHOOL (d)

II. FAMILY'S TOTAL GROSS MONTHLY INCOME (before taxes)

15. NOTE: If a spouse is deployed in support of the Global War on Terrorism only the portion of the spouse's income that is made available to the family is counted for eligibility purposes. State on the Leave and Earnings Statement (LES) what amount of the deployed member's income is being retained by the member and the gross amount that is made available for the family's support.

TYPE OF INCOME (a)	AMOUNT (b)	TYPE OF INCOME (a)	AMOUNT (b)
(1) BASE PAY		(8) ALL OTHER INCOME (Specify)	
(2) BASIC ALLOWANCE FOR SUBSISTENCE (BAS) - Refer to LES			
(3) SUPPORT/ALIMONY			
(4) RETIREMENT/PENSION			
(5) SPECIAL DUTY PAY			
(6) SPOUSE INCOME			
c. TOTAL INCOME			

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

	a. STATEMENT	b. INITIALS
16.	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.	
17.	Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus and double lunch)	
18.	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.	
19.	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.	
20.	I certify that all of the above information is true and correct to the best of my knowledge. I have provided a copy of my LES as proof to the fact regarding rank, pay and years in service.	

21. SIGNATURE OF SPONSOR/SPOUSE	22. DATE (YYYYMMDD)
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