

FARM Notification Letter

SUBJECT: School Year 2017-2018 Free – Reduced Meal Application Notification

Dear Parent/Guardian:

Children need healthy meals to learn. The DoDEA in partnership with the Navy Exchange (NEX) offer healthy meals through the School Meal Program every school day. For SY 2017-2018, lunch costs will be **\$2.75 for Elementary and \$3.00 for Secondary**. Your children may qualify for free meals or for reduced price meals. Reduced price is **\$0.40** for lunch.

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. Return the completed application to: **Fleet and Family Support Center, bldg. 310, 2nd floor, room 226.**

2. **WHO CAN GET FREE MEALS?** Your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines.

3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.

4. **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 Eligibility Income Chart, shown on this application.

5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call 252-3372 if you have questions.

6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. **You must submit a new application each school year.**

7. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.

9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes

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unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.

10. WHAT IF I DISAGREE WITH THE DECISION ABOUT MY APPLICATION? You should talk to Navy FFSC PFM officials. You also may appeal a denial or ask for a hearing by calling or writing to: **Fleet and Family Support Center, bldg. 310, 2nd floor, room 226 or 252-3372.**

11. 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) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them. Deployed Services members will be included.

12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

13. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

14. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THE COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to their basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact the FFSC for more information.

15. MY CHILD IS IN SURE START, DO I NEED TO FILL OUT AN APPLICATION? No. Sure Start students are categorically eligible for free meals. However, other students in the household will need to complete an application.

If you have other questions or need help call 252-3372.

Sincerely,

Fleet and Family Support Center

FARM Representative

FARM Notification Letter

<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>

Japan uses Alaska Annual in determining eligibility.

HOUSEHOLD SIZE		FEDERAL POVERTY GUIDELINES		INCOME ELIGIBILITY GUIDELINES												
		ANNUAL	MONTHLY	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %							
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES																
1	.....	12,060	1,000	1,860	930	859	15,678	1,307	664	603	302	15,678	1,307	664	603	302
2	.....	16,240	1,353	2,504	1,252	1,156	21,112	1,760	880	812	406	21,112	1,760	880	812	406
3	.....	20,420	1,706	3,149	1,574	1,453	26,546	2,213	1,107	1,021	511	26,546	2,213	1,107	1,021	511
4	.....	24,600	2,059	3,793	1,897	1,751	31,980	2,665	1,333	1,230	615	31,980	2,665	1,333	1,230	615
5	.....	28,780	2,412	4,437	2,219	2,048	37,414	3,118	1,559	1,439	720	37,414	3,118	1,559	1,439	720
6	.....	32,960	2,765	5,082	2,541	2,346	42,848	3,571	1,786	1,648	824	42,848	3,571	1,786	1,648	824
7	.....	37,140	3,118	5,726	2,863	2,643	48,282	4,024	2,012	1,857	929	48,282	4,024	2,012	1,857	929
8	.....	41,320	3,471	6,371	3,186	2,941	53,716	4,477	2,239	2,066	1,033	53,716	4,477	2,239	2,066	1,033
For each add'l family member, add				645	323	298	5,434	453	227	209	105	5,434	453	227	209	105
ALASKA																
1	.....	15,060	1,255	2,322	1,161	1,072	19,578	1,632	816	753	377	19,578	1,632	816	753	377
2	.....	20,090	1,678	3,129	1,565	1,444	26,377	2,199	1,100	1,015	508	26,377	2,199	1,100	1,015	508
3	.....	25,120	2,101	3,935	1,968	1,816	33,176	2,765	1,383	1,276	638	33,176	2,765	1,383	1,276	638
4	.....	30,150	2,524	4,741	2,371	2,188	39,975	3,332	1,666	1,538	769	39,975	3,332	1,666	1,538	769
5	.....	35,180	2,947	5,547	2,774	2,561	46,774	3,898	1,949	1,799	900	46,774	3,898	1,949	1,799	900
6	.....	40,210	3,370	6,354	3,177	2,933	53,573	4,465	2,233	2,061	1,031	53,573	4,465	2,233	2,061	1,031
7	.....	45,240	3,793	7,160	3,580	3,305	60,372	5,031	2,516	2,322	1,161	60,372	5,031	2,516	2,322	1,161
8	.....	50,270	4,216	7,966	3,983	3,677	67,171	5,598	2,799	2,584	1,292	67,171	5,598	2,799	2,584	1,292
For each add'l family member, add				807	404	373	6,799	567	284	262	131	6,799	567	284	262	131
HAWAII																
1	.....	13,860	1,155	2,137	1,069	987	18,018	1,502	751	693	347	18,018	1,502	751	693	347
2	.....	18,670	1,544	2,879	1,440	1,329	24,271	2,023	1,012	934	467	24,271	2,023	1,012	934	467
3	.....	23,480	1,933	3,620	1,810	1,671	30,524	2,544	1,272	1,174	587	30,524	2,544	1,272	1,174	587
4	.....	28,290	2,322	4,362	2,181	2,013	36,777	3,065	1,533	1,415	708	36,777	3,065	1,533	1,415	708
5	.....	33,100	2,711	5,103	2,552	2,356	43,030	3,586	1,793	1,655	828	43,030	3,586	1,793	1,655	828
6	.....	37,910	3,100	5,845	2,923	2,698	49,283	4,107	2,054	1,896	948	49,283	4,107	2,054	1,896	948
7	.....	42,720	3,489	6,586	3,293	3,040	55,536	4,628	2,314	2,136	1,068	55,536	4,628	2,314	2,136	1,068
8	.....	47,530	3,878	7,328	3,664	3,382	61,789	5,150	2,575	2,377	1,189	61,789	5,150	2,575	2,377	1,189
For each add'l family member, add				742	371	343	6,253	522	261	241	121	6,253	522	261	241	121



FREE & REDUCED MEAL PROGRAM APPLICATION

School Year 2017-2018

The Fleet and Family Support Center (FFSC) is the designated Free and Reduced Meal Program Manager (FARMM) responsible for processing applications and the approving authority for the Free and Reduced Meal (FARM) program which is offered to Yokosuka DoDDs students during the 2017/18 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. The disclosure of the last four of the social security number (SSN) of household member 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. If no SSN last four is available, please list the foreign national identification number from your military-issued ID card. 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, 2017 to June 30, 2018

ALASKA-DoDDS* INCOME ELIGIBILITY GUIDELINES

<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>

RETURN TO:

The Community Readiness Center BLDG 3365, FFSC 4th Floor Room 407. Work and Family Life (WFL) office.

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

CEAY/FFSC Free and Reduced Meal Application July 2017

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FREE & REDUCED MEAL PROGRAM APPLICATION FOR

School Year 2017-2018

APPLICATION FOR FREE & REDUCED MEAL PROGRAM 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
- Retirement income
- Income from self-employment/unemployment benefits
- Rental income
- Social security
- Private pensions or annuities
- Regular contributions from persons not living in the household
- Royalties
- Disability Benefits
- Interest and dividend incomes; investments, trusts
- Other income

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FREE & REDUCED MEAL PROGRAM APPLICATION

School Year 2017-2018

*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, N EX, and DoDEA for official purposes. Providing fraudulent information may result in prosecution under the UCMJ or Federal Law and dismissal from the 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).

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FREE & REDUCED MEAL PROGRAM APPLICATION

School Year 2017-2018

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: Fleet and Family Support Center FARMM DSN 243-9632 or
FFSCInfo@fe.navy.mil**

Point of contact for NEX School Meal Program Manager: DSN 241-4427

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

**APPLICATION FOR FREE & REDUCED MEAL PROGRAM
FOR OFFICIAL USE ONLY (when filled in)**

Child and Youth Programs

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 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.

SECTION I. FOR OFFICE USE ONLY - REVIEW/APPROVAL PROCESS

SCHOOL YEAR (YYYY)	PROCESSED BY	DATE (YYYY-MM-DD)	QUALIFICATION CATEGORY	DATE NOTIFIED (YYYY-MM-DD)
			<input type="checkbox"/> FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> INELIGIBLE	

SECTION II. FAMILY INFORMATION

1. SPONSOR'S NAME (last, first, middle)	2. SPONSOR'S LAST FOUR (SSN)	3. GRADE	4. ORGANIZATION	
5. DUTY PHONE	6. PSC #	7. BOX	8. APO/FPO	9. HOME PHONE
10. E-MAIL		11. SPOUSE'S NAME (last, first, middle)		

12. TOTAL MEMBERS OF HOUSEHOLD (identify all children and household members, including sponsor, regardless of age, additional space on page 4)

a. NAME (last, first)	b. AGE	c. GRADE	d. SCHOOL

SECTION III. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (before taxes, use page 3 for spouse and other income)

1a. TYPE OF INCOME (applications cannot be processed without a copy of LES or pay stub)	1b. AMOUNT
(1) BASE PAY	
(2) BASIC ALLOWANCE FOR SUBSISTENCE (refer to LES)	
(3) SUPPORT/ALIMONY	
(4) RETIREMENT/PENSION	
(5) SPECIAL DUTY PAY AND OTHER INCOME (Career Sea Pay—adjust to actual amount if less than 12 months)	
(6) SPOUSE INCOME (Use the worksheet on page 3, if used must be included with application)	
(7) OTHER INCOME (Use the worksheet on page 3, if used, must be included with application)	
TOTAL INCOME:	\$ 0.00

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

1. STATEMENT	1b. INITIALS
(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, UCMJ, or other regulations. 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.	
(2) Meals covered in the free/reduced-price lunch program are for 1 year and 1 USDA-approved lunch per day (excludes Lunch Plus). A la carte food items are not covered under the free/reduced-price lunch program and I must have cash or funds in the student's account for these items.	
2. DATE (YYYY-MM-DD)	3. SIGNATURE

APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

Child and Youth Programs

INSTRUCTIONS

Use of Information Statement: To enroll in Free and Reduced-Price School Lunch Program, complete the application and submit with a copy of most current leave/earnings statement (LES) or pay stub (and spouse's, if applicable). The disclosure of the last four of the social security number (SSN) of household member 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. If no SSN last four is available, please list the foreign national identification number from your military-issued ID card. List all members of your household and all your dependent children, including ones who do not attend Department of Defense Dependents Schools. You must include the last four digits of the social security number of the adult household member who signs the application. Your information will be used to determine if your child is eligible for free or reduced price meals. While disclosure of the last 4 digits of a social security number is voluntary, the National School Lunch Act requires the last 4 digits of a social security number or an indication of "none" for approval of the application. Information will be shared with School Food Authority (SFA), Food Service Management Company (FSMC), and DoDEA. Applications submitted without a LES or pay stubs can be accepted but not processed until received.

SECTION I – OFFICE USE ONLY**SECTION II – FAMILY INFORMATION**

SECTION III – HOUSEHOLD GROSS MONTHLY INCOME (BEFORE TAXES) [applicants can use worksheet on page 3 to calculate their incomes. If used, must be included with application] [USDA Income Eligibility Guidance – IEG at Alaska rates]

- Base pay
- Basic allowance for subsistence
- Include if applicable:
 - Support/alimony
 - Retirement/pension
 - Special duty pay (career sea pay adjust to actual amount if less than 12 months)
 - Spouse income (if spouse employment is not regular (for example, babysitting, substitute teaching, seasonal or temporary hire), provide average monthly income)
 - Other income (report all other forms of regular income, including any Government-subsidized children's allowance or Federal Social Services Administration (Food Stamp Program). Calculate these amounts to determine total monthly income. (Basic allowance for housing [BAH] and "combat pay" is not calculated.)

***Note for Deployed Personnel:** "The USDA will continue to count only the portion of the deployed service members income made available by them or on their behalf to the household as income. This is a continuation of the policy established through USDA March 12, 2003, memo. Policy Exception-Family Size/Income Determinations. Further, deployed service members continue to be considered members of the household for purposes of determining income eligibility for the Child Nutrition Programs."

SECTION IV: Your signature on the application certifies that all information provided on the application is true and correct.

PROGRAM WORKSHEET (PAGE 3): Completed if there is additional income to report from item IIIa.

APPLICATION PROCESS

- A decision will be made on your application within 5 work days of receipt of all required documents.
- Income Eligibility Guidelines (IEGs) "ALASKA" rate for USDA free and reduced price meals is used to determine eligibility and available at the USDA web page: <http://www.fns.usda.gov/school-meals/income-eligibility-guidelines>
- If approved, you will be contacted and your eligibility decision will be forwarded to the local Food Service Management Company (FSMC) which is NEX for all locations with exception of Bahrain (MWR).
- If disapproved, you can appeal the decision to the next higher local level above the approval authority.
- In the approved school year (SY), there is no further need to report changes in income unless it's a decrease and may result in an increase in either free or reduced meals for your students. NOTE: The SY begins 1 July each year for USDA purposes.
- Apply within 30-days of the new SY start if you had an approved application in the last SY. Students enrolled in "Sure Start" can be "directly certified" using DoDEA policy for "categorical eligibility."
- USDA requires School Food Authority (SFA) to conduct a verification of a sampling of applications. Additionally, USDA requires the SFA to retain all records for three years.
- Apply through your FARM processing official for your location (School Liaison Officer in Navy Region Europe, Africa, Southwest Asia, GTMO or Fleet and Family Support Center in Navy Region Japan).

APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

Child and Youth Programs

SECTION III (CONTINUED) FARM PROGRAM CALCULATION WORKSHEET (Optional Unless Used to Calculate Income on Page 1)

Sponsor's Full Name _____

A. Military Income (Sponsor)

1) BASE PAY	
2) BAS (subsistence allowance)	
3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months)	
4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)	
5) Other Income (see application instructions on PG 2)	
6) Clothing Allowance (add once per year income)	
Total Monthly Income (add lines 1-5 together)	\$ 0.00
Total Annual Income (Total Monthly Income x 12) + (Line 6)	

B. Dual Military Member's Income (if Dual Military family)

1) BASE PAY	
2) BAS (subsistence allowance)	
3) Career Sea Pay (Career Sea Pay—adjust to actual amount if less than 12 months)	
4) Special Pay (Hazardous Pay, Flight Pay, Sub Pay, Incentive Pay, SRB, ETC.)	
5) Other Income (see application instructions on PG 2)	
6) Clothing Allowance (add once per year income)	
Total Monthly Income (add lines 1-5 together)	\$ 0.00
Total Annual Income (Total Monthly Income x 12) + (Line 6)	

C. Civilian or Contractor (Sponsor/Head of Household)

1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
3) Bi-Monthly Pay (DoD Teachers) (gross amount)		X 21 Weeks =	
4) Misc Pay (if paid different schedule) (gross amount)		X Weeks or Months Misc Total =	
5) Other Income (see application instructions on PG 2)		Other Income Total =	
Total Annual Income (add lines 1-5 together)			\$ 0.00

D. Spouse or Significant Other/Second Job/Other Income

1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
3) Bi-Monthly Pay (DoD Teachers) (gross amount)		X 21 Weeks =	
4) Misc Pay (if paid different schedule) (gross amount)		X Weeks or Months Misc Total =	
5) Other Income (see application instructions on PG 2)		Other Income Total =	
Total Annual Income (add lines 1-5 together)			\$ 0.00

E. Retirement Income

1) Bi-Weekly Pay (gross amount)		X 26 Weeks =	
2) Monthly Pay (gross amount)		X 12 Months =	
Total Annual Retirement Income			

F. Total (Gross) Family Income **Total Overall Income =**
 (Add all Total Income blocks together to obtain total gross income)

APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

Child and Youth Programs

SECTION II (CONTINUED)

Sponsor's Full Name

ITEM 12. CONTINUED - TOTAL MEMBERS OF HOUSEHOLD (Identify all children and household members, including sponsor, regardless of age)

a. NAME (last, first)	b. AGE	c. GRADE	d. SCHOOL

SECTION I (CONTINUED) FOR OFFICE USE ONLY - REVIEW/APPROVAL PROCESS

REVIEWING OFFICIAL ACTIONS

CHECK APPROPRIATE BLOCK(S)

1. Recommend Approval - Free	<input type="checkbox"/>
2. Recommend Approval - Reduced	<input type="checkbox"/>
3. Recommend Application Be Denied (note reasons in additional comments below)	<input type="checkbox"/>
4. No action; application incomplete, applicant contacted.	<input type="checkbox"/>

ADDITIONAL COMMENTS:

DATE (YYYY-MM-DD)	SIGNATURE

APPROVING OFFICIAL ACTIONS

CHECK APPROPRIATE BLOCK(S)

1. Approved - Free	<input type="checkbox"/>
2. Approved - Reduced	<input type="checkbox"/>
3. Denied	<input type="checkbox"/>
4. Disposition "Notification Letter" sent to applicant and if application approved, NEX notified	<input type="checkbox"/>

DATE (YYYY-MM-DD)	SIGNATURE