

CONFIDENTIAL APPLICATION FOR FREE AND REDUCED PRICE MEALS	Currently Live check one	TLA	DATE
		GOVT Housing	
		Economy (BAH)	

COMPLETE ALL REQUESTED INFORMATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: The National School Lunch Act (42 U.S.C. 1751) as amended by the Public Law 91-248(1970) and the Free and Reduced Meal Policy Statement of the Department of Defense.

PRINCIPAL PURPOSE (S): To determine eligibility for free or reduced price meals under the National School Lunch Program.

ROUTINE USES: This form will be used solely for the principle purpose(s) described above. When there are additional students listed on the form who attend a different school then the one to which this form was submitted – copies of the approved request will be furnished the other schools, as appropriate, for proper inclusion of each child in the program.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary – however, failure to complete this form properly may preclude consideration for eligibility in the free and reduced price meal program.

PARENTS: TO APPLY FOR FREE OR REDUCED PRICE MEALS FOR YOUR CHILD(REN), FILL OUT AND RETURN THIS APPLICATION TO:
NAS SIGONELLA, DEPARTMENT OF DEFENSE DEPENDENT'S SCHOOL OFFICER

NAME AND GRADE OF CHILD(REN) FOR WHOM APPLICATION IS MADE:

NAME	SCHOOL	GRADE
	STEPHEN DECATUR	

NAME AND RANK/GRADE OF PARENT OR GUARDIAN	SSN	TOTAL NO. FAMILY
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DUTY STATION (COMMAND NAME)	DUTY PHONE	YEARS IN SERVICE
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TOTAL FAMILY INCOME BEFORE DEDUCTIONS: INCOME INCLUDES BASIC PAY; BASIC ALLOWANCE FOR SUBSTANCE AND OTHER ALLOWANCES; INCOME FROM SELF-EMPLOYMENT; SOCIAL SECURITY; DIVIDENDS OR INTEREST ON SAVINGS OR BONDS; RENTAL INCOME; PUBLIC ASSISTANCE OR WELFARE; RETIREMENT OR PENSION BENEFITS; ALIMONY OR CHILD SUPPORT; SPECIAL OR INCENTIVE PAY; TEMPORARY LODGING ALLOWANCE; AND GOVERNMENT HOUSING ALLOWANCES.

TOTAL MONTHLY INCOME OF MALE PARENT: _____

TOTAL MONTHLY INCOME OF FEMALE PARENT: _____

TOTAL MONTHLY INCOME OF FAMILY: _____

***ATTACH LATEST (CURRENT) LES AND/OR PAY STUB WITH THIS APPLICATION**

IN CERTAIN CASES FOSTER CHILDREN ARE ELIGIBLE FOR FREE AND REDUCE MEALS REGARDLESS OF YOUR FAMILY INCOME, IF YOU HAVE FOSTER CHILDRENS LIVING WITH YOU AND WISH TO APPLY FOR SUCH MEALS FOR THEM, PLEASE CHECK HERE:

THIS APPLICATION IS BEING MADE IN CONECTION WITH THE RECEIPT OF FEDERAL FUNDS; SCHOOL OFFICIALS MAY FOR CAUSE VERIFY INFORMATION IN THE APPLICATION. DELIBERATE MISREPRESENTATION OF INFORMATION MAY SUBJECT THE APPLICANT TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES.

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
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MAILING ADDRESS (MANDATORY ENTRY)	TELEPHONE NUMBER
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NOTE: Application will be considered only if all requested information has been provided.

DO NOT WRITE BELOW THIS LINE

APPROVED FREE APPROVED REDUCED DENIED, REASON FOR DENIAL:

SIGNATURE OF DESIGNATED OFFICIAL REVIEWING APPLICATION	DATE
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AE FORM 3707-R

NOTIFICATION OF ACTION TAKEN – VIA PHONE , EMAIL, OR MAIL

EMAIL ADDRESS: _____

CELL PHONE: _____ WORK # _____ HOME # _____