



DEPARTMENT OF THE AIR FORCE

PACIFIC AIR FORCES

7 July 2016


MEMORANDUM FOR SPONSORS OF STUDENTS ATTENDING YOKOTA AB SCHOOLS DURING SCHOOL YEAR 2016-2017

FROM: 374MSG/CC

SUBJECT: USDA Free and Reduced Meal Program

1. The Army and Air Force Exchange Service (AAFES) will offer a hot lunch program to students attending one of the four Department of Defense Dependents Schools on Yokota Air Base (elementary through high school) during the 2016-2017 school year. Students are offered nutritionally balanced lunches in accordance with US Department of Agriculture standards.
2. All eligible students who participate in the hot lunch program will receive the same lunch regardless of ability to pay and no child will be discriminated against because of race, color, gender, age or national origin. In order to assure that all are treated the same; it is Federal policy to provide free or reduced-price meals for those unable to pay the full price. To determine if your family is eligible, complete the application form using (Attachment 1) and the Federal Income Eligibility Chart (Attachment 2). When using (Attachment 2) please note the values are in dollars. Take the filled out application to the Yokota Community Center (YCC) BX Customer Service area for enrollment. The sponsor needs to ensure all information is filled out correctly and that they do qualify for Free or Reduced lunches according to (Attachment 2). Students who participated in this program during school year 2015-2016 must resubmit their applications for the upcoming school year 2016-2017. Failure to meet this request will result in disenrollment from the program.
3. AAFES will review your application and enroll you in the appropriate program. If you do not agree with the decision; contact your immediate supervisor, First Sergeant or School Liaison Office at ext. 225-0088/86 or contact by email school.liaison2@us.af.mil if you have questions.

*HAVE A
GREAT SCHOOL
YEAR!*


SCOTT P. MASKERY, Colonel, USAF
Commander
374th Mission Support Group

Attachments:

1. Application for the Free and Reduced Lunch Program
2. Federal Income Eligibility Chart

INSTRUCTIONS

To enroll in the Free and Reduced Lunch Program, please complete the application on front and submit along with all required documentation to your Free and Reduced Lunch Program Office located on Yokota AB, YCC Bldg. 570 BX customer service.

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. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. 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. _____ (Initial).

Part I: Provide All Information Requested

Complete sections 1-13 and ensure you provide only the last four digits of the sponsors SSN. List all household members in section 13 to include the name of school for each child. For any person, including children with no income, you must check "No Income".

Part II: Report Total Household Income

Complete section 14. For each household member, list each type of income received for the month. You must list how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not take home pay. Gross income is the amount earned before taxes and other deductions.

Include the following:

- Base Pay
- Basic Allowance for Subsistence
- Support/Alimony
- Retirement/Pension
- Special Duty Pay
- Spouse Income
- Other Income (net rental income, annuities, net royalties, interest, income from estates, trusts and/or investments)

Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay in calculation

Part III: Read, Initial and Sign Certification Statement

Complete sections 15-23. Read and initial 15-21, sign at block 22. Your signature on the application certifies that all of the information provided on the application is true and correct to the best of your knowledge. If fraudulent information is provided, it may result in prosecution under UCMJ or Federal Law and dismissal from the program.

CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native
 White Native Hawaiian or other Pacific Islander

- Black or African American

DO NOT FILL OUT THIS PART (FOR OFFICIAL USE)

USDA AUDIT INFORMATION

- Application randomly selected for audit verification on (date) _____
-Notified on (date) _____ via email and letter mailed to home address.
-Appointment for audit on (date) _____
-Audit completed on (date) _____

Required verification documents submitted:

- Most current LES or pay stub
 Most current W-2
 Most current income tax return statements

Notes: _____

Verifying Official's Signature: _____

The USDA National School Lunch Program is available to ALL students on Yokota who qualify and are attending DoDEA Schools. Applications can be submitted at Bldg. 570, YCC, BX customer service.

**Free & Reduced Lunch Program Office
Yokota Air Base, YCC Bldg. 570
BX customer service
Allied Telesis: 976-7519**

APPLICATION FOR THE FREE AND REDUCED LUNCH PROGRAM

SY 16-17 (AUGUST 2016 – 30 JUNE 2017)

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. **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 instructions on reverse

DO NOT FILL OUT THIS PART (FOR OFFICIAL USE)

TOTAL INCOME Per: Week (52), Every 2 Weeks (26), Twice A Month (24), Monthly (12), Yearly **HOUSEHOLD SIZE**

ELIGIBILITY CATEGORY
 Free Reduced Denied

Determining Official's Signature: _____ **Verifying Official's Signature:** _____ **DATE:** _____ **REASON DENIED:** _____

I. FAMILY INFORMATION (PLEASE PRINT CLEARLY)

1. Sponsor's Name (Last, First, Middle Initial)		2. SPONSOR'S LAST FOUR OF SSN * * * - * * - <input type="checkbox"/> I do not have a Social Security Number		3. RANK		4. ORGANIZATION	
5. DUTY PHONE		6. PSC OR CMR		7. BOX		8. APO AP	
9. HOME/CELL PHONE		10. DEROSS		11. E-MAIL ADDRESS (WORK)		12. E-MAIL ADDRESS (HOME)	

13. TOTAL HOUSEHOLD MEMBERS (To include all adults and children)

Names of all household members (Last, First, Middle Initial)	Name of school for each child or indicate "N/A" if child is not in school	GRADE	AGE	Check if no income
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

II. HOUSEHOLD TOTAL GROSS MONTHLY INCOME (BEFORE TAXES)

Note: Only the portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Do NOT include Overseas Housing Allowance, Cost of Living Allowance, or Combat Pay as income.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work before deductions BASE PAY + BAS Include special duty pay	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly/monthly	\$149.99/every other week	\$99.99/monthly	\$50.00/monthly
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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

a. STATEMENT

b. INITIAL

15. 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.	
16. Meals covered in the free/reduced lunch program are for one (1) USDA approved tray lunch per day (excludes lunch plus).	
17. 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.	
18. 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. Lunch fees occurring prior to eligibility determination will not be reimbursed.	
19. I understand that USDA requires an annual audit of current beneficiaries and I may be asked to submit income verification documents (i.e. income tax returns). Failure to comply may result in loss or reduction of benefits, administrative claims or legal action.	
20. I understand that before I PCS, I must close my school meal account with the Exchange (AAFES) Customer Service.	
21. I certify that all of the above information is true and correct to the best of my knowledge and I qualify for (circle one) Free Reduced	

22. SIGNATURE OF SPONSOR/HEAD OF HOUSEHOLD	23. DATE (YYYYMMDD)
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DoDDS
FEDERAL ELIGIBILITY INCOME GUIDELINES
[Effective for School Year 2016-2017] *Values are in \$*

Household Size	Federal poverty guidelines		Reduced-Price Meals				Free Meals				
	Annual	Annual	Monthly	Twice per month	Every two weeks	Weekly	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	14,720	27,232	2,270	1,135	1,048	524	19,136	1,595	798	736	368
2	19,920	36,852	3,071	1,536	1,418	709	25,896	2,158	1,079	996	498
3	25,120	46,472	3,873	1,937	1,788	894	32,656	2,722	1,361	1,256	628
4	30,320	56,092	4,675	2,338	2,158	1,079	39,416	3,285	1,643	1,516	758
5	35,520	65,712	5,476	2,738	2,528	1,264	46,176	3,848	1,924	1,776	888
6	40,720	75,332	6,278	3,139	2,898	1,449	52,936	4,412	2,206	2,036	1,018
7	45,920	84,952	7,080	3,540	3,268	1,634	59,696	4,975	2,488	2,296	1,148
8	51,120	94,572	7,881	3,941	3,638	1,819	66,456	5,538	2,769	2,556	1,278
For each addition family member, add	5,200	9,620	802	401	370	185	6,760	564	282	260	130

Values are in \$