



**DEPARTMENT OF THE AIR FORCE
51st Mission Support Group (PACAF)
Unit 2097
APO AP 96278-2097**

11 Sep 08

TO: LETTER FOR OSAN AMERICAN ELEMENTARY/HIGH SCHOOL PARENTS/GUARDIANS

FROM: 51 MSG/CD

SUBJECT: Application and Instruction for Reduced Price/Free Lunches

1. Federal policy provides for free or reduced price meals for those unable to pay the full price. Please compare your family size/income with the scale below and if you believe that you qualify for reduced/free meals, complete the attached application and return it to the 51 MSG/CD, Bldg 1097, Room 222. The School Liaison Officer will review your application and notify you of your eligibility status. Eligibility is effective for the 2008-2009 school year only. The information you supply will be kept confidential and will be used only for determining eligibility for free or reduced price meals.

2. Please compute your family income as shown on the application form. Find the line in the first column 1 that has the number of people in your family. Follow this line across to Column 2 that lists the maximum annual family income to determine whether your children are eligible to receive free or reduced price meals. Column 2 is for free lunches and Column 3 is for reduced price lunches. These income guidelines are effective as of 1 July 2008.

| Column 1 # of family Members | Column 2 If income is less than below, qualifies for free lunches | Column 3 If income is greater than Column 2, but less than below, qualifies for reduced Price lunches |
|------------------------------------|---|--|
| 2 | 22,750 | 32,375 |
| 3 | 28,600 | 40,700 |
| 4 | 34,450 | 49,025 |
| 5 | 40,300 | 57,350 |
| 6 | 46,150 | 65,675 |
| 7 | 52,000 | 74,000 |
| 8 | 57,850 | 82,325 |

In certain cases, foster children are eligible for free or reduced priced meals. If you have foster children living with you and you wish to apply for such meals for them, please provide names.

Free and Reduced Meals are funded by the Federal Government. Military officials may, for cause, verify information in the application. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable Federal statutes or other applicable regulations.

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED HERE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Date)

(Signature of Parent or Guardian)

DO NOT WRITE BELOW THIS LINE

_____ **Approved for Free Meals** # of children: _____

_____ **Approved for Reduced Price Meals.** # of children: _____

_____ **Disapproved.**

Reason for disapproval: _____

(Date)

REBECCA L. WESTLAKE, YC-03, USAF
Deputy Commander, 51st Mission Support Group
School Liaison Officer

APPLICATION FOR FREE OR REDUCED PRICE MEALS

Data Required by the Privacy Act of 1974 (5 USC 552a)

Authority. The National School Lunch Act (42 USC 175) and the Child Nutrition Act (42 USC 1772).
Principle Purpose. Used solely for the purpose of processing Free and Reduced Meal Application.
Disclosure. Disclosure of the information is voluntary if you wish to have your application considered.
Statement. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the race, color, national origin, sex, age or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 1400 Independence Ave, SW, Washington, DC 20250-9410 or call (202) 720-5964.

SPONSOR NAME _____ Rank (Civ/Mil) _____

UNIT/AGENCY ADDRESS & PHONE _____

HOME ADDRESS & PHONE _____

TOTAL NUMBER IN FAMILY _____ DEROS _____

CHILDREN IN SCHOOL:

| <u>NAME</u> | <u>SCHOOL</u> | <u>GRADE</u> |
|-------------|---------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(USE THE REVERSE SIDE OR ATTACH PAPER FOR ADDITIONAL CHILDREN)

Total family income before deductions - Include **ALL** wages of working members, to include military benefits such as housing allowances and food or clothing allowances, welfare payment, social security, child support, and any other incomes. _____

IMPORTANT NOTE: Enclose a copy of **Leave and Earning Statement (LES)** or equivalent for all working members to verify income and a copy of assignment orders. Additionally, include proof of dependency (e.g., orders, birth certificates) for non-school aged children and documents approving dependency for in-laws (when applicable)

If your gross income exceeds the amount indicted on the family size/income scale and you wish to apply under special hardship conditions, please complete this application form and attach an explanation of the conditions involved and how it affects your income.