6 July 2017

Dear Sponsor,

Welcome to the NEX Student Meal Program!

The NEX provides meals to PK-12 students on Navy bases in 8 OCONUS locations: Guantanamo Bay, Naples, Sigonella, Rota, Bahrain, Yokosuka/Ikego, Atsugi, and Sasebo/Hario.

To enroll your student in the SMP, fill out the attached SMP Enrollment Form and turn in to your school's cafeteria manager (Japan), customer service desk (Rota, Sigonella), or residential services (Naples). NEX staff will register your student into our automated point of sale system and notify you once completed.

Student meals are priced as a unit. Elementary meals are priced at $2.75 and secondary meals are priced at $3.00. Meals include student's choice of fresh fruit, fresh vegetable, protein, grain, and low-fat milk. To be considered a meal, each purchase must include at least 3 of the aforementioned components with at least 1 of those components a fruit or vegetable.

Pre-payments to your child's meal account can be made free of charge at www.mypaymentsplus.com. This online portal allows you to make payments 24/7 from the comfort of your own home or from your smart phone. Pre-payments can be made with credit cards, debit cards, or e-checks. My Payment's Plus also provides payment confirmations, low balance alerts, and transaction history of student purchases.

NEX offers free or reduced price meals to families in need of financial assistance. To qualify for free or reduced price meals for your child, you must complete the attached application and return to Fleet and Family Support (Japan) or your local School Liaison Officer (Europe). Be sure to complete the entire application as we are unable to approve incomplete applications. If you have completed an application for previous years, a new application is required each year.

Each month, menus are posted at www.mynavyexchange.com/smp . The SMP offers meals, on a break-even basis, in accordance with the USDA nutrition standards. Whole grains, lean proteins, fresh fruits and vegetables, and low-fat milk are offered on a daily basis.

See you in the cafeteria!

Christina T. Kepa, MS RD

Christina Kepa, MS RD
Student Meal Program Specialist
Navy Exchange Service Command

NAVY CYP
Child and Youth Programs

APPLICATION FOR FREE & REDUCED MEAL PROGRAM

FOR OFFICIAL USE ONLY (when filled in)

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)
			☐ FREE ☐ REDUCED ☐ 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

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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).

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

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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	☐
2. Recommend Approval - Reduced	☐
3. Recommend Application Be Denied (note reasons in additional comments below)	☐
4. No action; application incomplete, applicant contacted.	☐

ADDITIONAL COMMENTS:

DATE (YYYY-MM-DD)	SIGNATURE

APPROVING OFFICIAL ACTIONS	CHECK APPROPRIATE BLOCK(S)
1. Approved - Free	☐
2. Approved - Reduced	☐
3. Denied	☐
4. Disposition "Notification Letter" sent to applicant and if application approved, NEX notified	☐

DATE (YYYY-MM-DD)	SIGNATURE