

**OKINAWA FREE AND REDUCED PRICE SCHOOL MEALS PROGRAM (Form OSTO-25)**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 8013.  
**ROUTINE USES:** None.

**PURPOSE:** To enter information from sponsor and dependents and to determine eligibility for free or reduced lunch program.  
**DISCLOSURE:** Voluntary. Failure to provide information may delay or prevent eligibility.

**1. SPONSOR'S INFORMATION**

NAME (Last, First MI)		RANK	SSN
UNIT	BASE		DUTY PHONE
MAILING ADDRESS			HOME PHONE

**2. STUDENT INFORMATION: PRINT each child's name, school and grade.**

LAST NAME OF STUDENT	FIRST NAME OF STUDENT	SCHOOL	GRADE

**3. HOUSEHOLD MEMBERS and MONTHLY INCOME** Enter last months gross monthly

List first and last name of all family members not listed in Part 2	SPONSOR				
Basic Pay / Salary					
BAS, Special and incentive pay or differential					
Income from self-employment					
Social security payments					
Dividends or interest					
Income from estates or trusts					
Rental income					
Public assistance or welfare payments					
Government retirement or pensions					
Veterans' payments(except educational)					
Private pensions or annuities					
Alimony or child support					
Regular contributions from persons not living in the household					
Other income					
<b>TOTAL</b>					

**4. Signature and Social Security Number (Adult must sign)**

- I certify the information on this form is true and accurate and that all household income is reported. I understand that I must report any decrease in household members or increase of household income in excess of \$50 per month or \$600 per year.
- Section 9 of the National School Lunch Act, as amended, requires that in order for your child to be eligible for free or reduced-price meals, you must provide the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. If a social security number is not provided, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application.
- Income verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

**STO USE ONLY**

Household Size: \_\_\_\_\_ Total Annual Household Income: \_\_\_\_\_

Eligibility:  Free  Reduced  Denied, Reason: \_\_\_\_\_

Approving Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_