

Free and Reduced-Price Meals Household Application for 2015-2016 – West Virginia Dept. of Education

USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the **10-digit case #**
(If any, SKIP TO PART 5)

SNAP

☐

TANF

☐

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3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is **homeless, migrant, or runaway**, check the appropriate box and call your county contact at _____. **Homeless** ☐ **Migrant** ☐ **Runaway** ☐

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ **Total Monthly Income Before Deductions \$** _____

5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date

--	--	--	--	--	--	--	--

Last 4 Digits of Social Security Number

*	*	*	*	*					
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☐ I do not have a Social Security Number

Signature _____

Printed Name _____

Home Phone Number _____

Work Phone Number _____

Mailing Address _____

City _____

State

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ZIP Code _____

6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)

Mark one or more racial identities from this group:

_____ Asian _____ American Indian or Alaska Native _____ White
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

_____ Hispanic or Latino _____ Not Hispanic or Latino

7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)

_____ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: ☐ -or- Income Eligibility: ☐ _____ Free Meals
_____ Reduced Meals
_____ Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

Free and Reduced-Price Meals Household Application for 2015-2016 – West Virginia Dept. of EducationUSE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD**8: Free and Low-Cost Health Care**

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit www.chip.wv.gov. You may also apply online at www.wvinroads.org.

Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.

FEDERAL INCOME CHART					
For School Year July 1, 2015 – June 30, 2016					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

Privacy Act Statement: This explains how we will use the information you give us.

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.

Non-discrimination Statement:

This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Program Year 2015-2016
West Virginia Department of Education
FREE AND REDUCED PRICE SCHOOL MEAL FAMILY APPLICATION
INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

- Part 1:** List child(ren)'s name, date of birth, grade, and school, center, or camp.
Part 2: Check the appropriate box and list the 10-digit Food Stamp or TANF case number.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. A Social Security Number is not necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

If you are applying for a child who is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions: check the appropriate box and call your county contact at the phone number listed in Part 3 of the application. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

If all children in the household are foster children:

- Part 1:** List all foster children, date of birth, grade and school, center, or camp.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.

If some children in the household are foster children:

- Part 1:** List all children in the household (including foster children), date of birth, mark box if foster child, grade, and school, center, or camp.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the contact number listed.
Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List all household members.

Column 2–Last month's income: List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

Last Column–Check if no income: If the person does not have any income, check the box.

- Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1:** List each child's name, date of birth, grade and school, center, or camp.
Part 2: Skip this part.
Part 3: Check a box only if it applies.
Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). **You must include yourself and all children.** Attach another sheet of paper with household members if required.

Column 2–Last month's income: List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

Last Column–Check if no income: If the person does not have any income, check the box.

- Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.
Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS School Year 2015-2016

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

ELIGIBLE FOR FREE MEALS OR FREE MILK				ELIGIBLE FOR REDUCED PRICE MEALS		
FAMILY SIZE	YEARLY	MONTHLY	WEEKLY	YEARLY	MONTHLY	WEEKLY
ONE	\$15,301	\$1,276	\$295	\$21,775	\$1,815	\$419
TWO	20,709	1,726	399	29,471	2,456	567
THREE	26,117	2,177	503	37,167	3,098	715
FOUR	31,525	2,628	607	44,863	3,739	863
FIVE	36,933	3,078	711	52,559	4,380	1,011
SIX	42,341	3,529	815	60,255	5,022	1,159
SEVEN	47,749	3,980	919	67,951	5,663	1,307
EIGHT	53,157	4,430	1,023	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER, ADD						
	5,408	451	104	7,696	642	148

CONVERSION FACTOR

Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12