

West Virginia Department of Education  
**FREE AND REDUCED PRICE SCHOOL MEALS 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.

**Free and Reduced-Price Household Application for 2024-2025 – 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

**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)	Public Assistance, 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      I do not have a Social Security Number

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State

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 Household Application for 2024-2025 – West Virginia Dept. of Education**

*USE 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](http://www.chip.wv.gov) You may also apply online at [www.wvpath.wv.org](http://www.wvpath.wv.org).

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

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2024 – June 30, 2025</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$27,861	\$2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional person:	9,953	830	415	383	192

**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:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
fax:  
(833) 256-1665 or (202) 690-7442; or
2. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**

# GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2024 to June 30, 2025

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

ELIGIBLE FOR <b>FREE</b> MEALS OR <b>FREE</b> MILK					
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>ONE</b>	19,578	1,632	816	753	377
<b>TWO</b>	26,572	2,215	1,108	1,022	511
<b>THREE</b>	33,566	2,798	1,399	1,291	646
<b>FOUR</b>	40,560	3,380	1,690	1,560	780
<b>FIVE</b>	47,554	3,963	1,982	1,829	915
<b>SIX</b>	54,548	4,546	2,273	2,098	1,049
<b>SEVEN</b>	61,542	5,129	2,565	2,367	1,184
<b>EIGHT</b>	68,536	5,712	2,856	2,636	1,318

ELIGIBLE FOR <b>REDUCED PRICE</b> <b>MEALS</b>				
YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
27,861	2,322	1,161	1,072	536
37,814	3,152	1,576	1,455	728
47,767	3,981	1,991	1,838	919
57,720	4,810	2,405	2,220	1,110
67,673	5,640	2,820	2,603	1,302
77,626	6,469	3,235	2,986	1,493
87,579	7,299	3,650	3,369	1,685
97,532	8,128	4,064	3,752	1,876

FOR EACH ADDITIONAL FAMILY MEMBER,  
ADD

6,994	583	292	269	135
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9,953	830	415	383	192
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## CONVERSION FACTOR

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