Free and Reduced-Price Meals FamilyApplication for 2025-2026 – West Virginia Dept. of Education

*USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLCIATION 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
			/ /	☐		
			/ /	☐		
			/ /	☐		
			/ /	☐		
			/ /	☐		

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
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐
	$	$	$	$	☐

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 _____

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.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.

FEDERAL INCOME CHART
For School Year July 1, 2025 – June 30, 2026

Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$28,953	$2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
Each additional person:	10,175	848	424	392	196

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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