

Free and Reduced-Price Meals Household Application for 2011-2012 – 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.

Signature _____ Today's Date

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 Last 4 Digits of Social Security Number

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

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 Temporary Free: Time Period _____
 Reduced Meals Temporary Reduced: Time Period _____
 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.wvchip.org. 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, 2011 – June 30, 2012					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,147	\$1,679	\$840	\$775	\$388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
Each additional person:	7,067	589	295	272	136

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

The 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 are 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 when you indicate that the adult household member signing the application does not have a social security number.

The information that you send will be used to determine or prove your child’s eligibility for free or reduced price meals. It may also be shared for the same purpose with other agencies sponsoring USDA child nutrition programs or with federal and state educational programs as permitted in federal nutrition program regulations. The information you give may be used, with your permission, for determining additional education benefits, free textbooks, workbooks, and other school supplies. (See Part 7: “Other Benefits” on front of application.)

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you require information about this program, activity or facility, in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office. To file a complaint alleging discrimination, write to:

USDA, Director, Office of Civil Rights
 1400 Independence Avenue, SW
 Washington DC 20250-9410

USDA is an equal opportunity provider and employer.

Or call toll free (866) 632-9992 (Voice)
 TDD users can contact the USDA through local relay or the Federal relay at:
 (800) 877-8339 (TDD) or
 (800) 845-6136 (Spanish)