

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

Program Year 2009-2010
West Virginia Department of Education

County/Sponsor _____

Address _____

1. Children in School, Center, or Camp

Child's Full Name	Name of School, Center or Camp	Student WVEIS # (Public Schools)	Grade	10-Digit Food Stamp or TANF case # (if any). Skip to Part 5 if you list a Food Stamp or TANF case #

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

3. Foster Child (Complete separate application for each foster child.)

If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of child's personal use monthly income: \$ _____ Go to Part 5.

4. List all household members and current monthly income. (Complete this part only if you did not complete section 3.)

Go to Part 5.

Names of Household Members (If you need more spaces, attach a separate sheet)	Age of Child	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 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.

Sign Here: _____ Date: _____ Print Name: _____
Last First MI

Address: # _____ Street Name _____ City _____ State _____ Zip _____ Phone: () _____

Social Security Number: _____ I do not have a Social Security Number

6. Children's Racial & Ethnic Identities (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 _____ Other

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 _____

Program Year 2009-2010

FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION**Part 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, 2009 – June 30, 2010					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$20,036	\$1,670	\$835	\$771	\$386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each additional	6,919	577	289	267	134

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 children for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list Food Stamp or TANF case numbers for all children you are applying for, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if 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
(866) 377-8642 (relay voice users)