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

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

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade		Sch	ool, C	enter	, or C	Camp
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If any member of your house	VIBER hold receives SNAP or TANF, indicate	which program and provide the 10	-digit case #	SNAP	TANF						
. HOMELESS, MIC If the child you are applyi	GRANT, RUNAWAY		SKIP TO PART 5) ate box and call your	county con	tact at		H•	omeles	s Mi	grant	Runa
HOUSEHOLD MI	EMBERS AND GROSS ousehold. For each person who i	S INCOME FROM LA	ST MONTH bount received and fill	in how ofte	en it is receive	ed.					
Name (Last, First)		Monthly Earnings from Work	Public Assista Child Suppo	nce,	Monthly Paym from	onthly Payments from			Other Monthly Income		
List everyone in the Household. Attach a separate sheet if needed.		(Before Deductions)	Alimony	r, Pe	Pensions, Retirement, Social Security			mool		no Income	
Attault a separate sheet if needed		\$	\$	\$			\$				
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	Persons in Household	\$	\$ tal Monthly in	\$			\$				Ш
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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.wvpath.wv.gov You may also apply online at www.wvpath.wv.org.

Your children may qualify for free or reducedprice 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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