#### Free and Reduced-Price Meals Household Application for 2016-2017 – West Virginia Dept. of Education USE BLACK OR DARK BLUE <u>INK</u>, PRINT NEATLY, COMPLETE ONE APPLCIATION PER HOUSEHOLD

Last Name	First Name	МІ	Date of Birth		Mark if Foster	Grade	School, Center, or Camp				
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2. SNAP/TAN	F NUMBER ousehold receives SNAP or TANF, indicate whic		<u>0-digit case #</u> ny, SKIP TO		SN	ар та ] [	NF [				
	S, MIGRANT, RUNAWAY oplying for is homeless, migrant, or run	way, check the appropri	iate box and	d call your	county cont	act at		Ho	neless	Migrant	Run
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List everyone in the Household. Attach a separate sheet if needed.		from Work (Before Deductions	Chi	ld Suppo Alimony	ort, <sub>Pe</sub>	from Pensions, Retire Social Secu		irement, Income		no Incom	
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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.chip.wv.gov** You may also apply online at **www.wvinroads.org**.

	FEDERAL INCOME CHART For School Year July 1, 2016 – June 30, 2017								
Your children may qualify for free or	Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly			
reduced price	1	\$21,978	\$1,832	916	846	423			
meals if your	2	29,637	2,470	1,235	1,140	570			
household income	3	37,296	3,108	1,554	1,435	718			
does not	4	44,955	3,747	1,874	1,730	865			
exceed the limits	5	52,614	4,385	2,193	2,024	1,012			
on this chart.	6	60,273	5,023	2,512	2,319	1,160			
	7	67,951	5,663	2,832	2,614	1,307			
	8	75,647	6,304	3,152	2,910	1,455			
	Each additional person:	7,696	642	321	296	148			

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 law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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 responsible State or local Agency that administers the program or the USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, or 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

# Program Year 2016-2017 West Virginia Department of Education FREE AND REDUCED PRICE SCHOOL MEAL 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 <u>all</u> 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 <u>only if it applies</u>.
- 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.