

National Youth Sports Program (NYSP) Provides Summer Food Service Program

The National Youth Sports Program announces its sponsorship of the federally funded Summer Food Service Program. The camp will be held at the WVU Shell building from June 18- July 13, 2018 (no camp June 20 or July 4).

Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential camp or an enrolled program, children must meet the income guidelines for reduced price meals in the National School Lunch Program. The income guidelines for reduced price meals by family size are listed below.) Children who are part of households that receive SNAP and/or TANF assistance are automatically eligible to receive free meals.

Eligibility is based on the following income guidelines:

GUIDELINES TO DETERMINE STUDENT ELIGIBILITY 2018 SUMMER FOOD SERVICE PROGRAM

Annual Family Income Before Deductions

Federal Income Chart For School Year July 1, 2017 – June 30, 2018		
Household Size	Yearly	Monthly
1	\$22,311	\$1,860
2	30,044	2,504
3	37,777	3,149
4	45,510	3,793
5	53,243	4,437
6	60,976	5,082
7	68,709	5,726
8	76,442	6,371
Each additional	7,733	645

For more information about the National Youth Sports Program Summer Food Program, please call 304-293-0859.

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) FAX: (202) 690-7442; or
(3) EMAIL: program.intake@usda.gov.

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Free and Reduced-Price Meal Household Application for 2017-2018 – 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.

Today's Date

--	--	--	--	--	--	--	--	--	--

Last 4 Digits of Social Security Number

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

Signature

Printed Name

Home Phone Number

Work Phone Number

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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 _____

Free and Reduced-Price Meal Household Application for 2017-2018 – West Virginia Dept. of EducationUSE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD**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.

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, 2017 – June 30, 2018					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,311	\$1,860	\$930	\$859	\$430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
Each additional person:	7,733	645	323	298	149

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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