



1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
wvde.us

April 30, 2025

Child and Adult Care Food Program (CACFP) Sponsors

2025 – 2026 Adult Day Care Only Free and Reduced Price Meals Family Application

Enclosed you will find a copy of the 2025 – 2026 Adult Day Care only Free and Reduced Price Meals Family Application. Also included in this mailing are the following:

- 2025 – 2026 Adult Day Care Free and Reduced Application
- Guidelines to determine participant eligibility for Free and Reduced-Price Meals

Application forms may be duplicated from the attached document or obtained from the OCN download site at <https://wvde.us/student-support-wellness/child-nutrition/child-adult-care-food/forms-reference-tools>. Free and Reduced eligibility status may be effective for the entire year regardless of changes in the household's income status. Participants are always at liberty to apply for benefits throughout the year. Please be reminded that it is essential the confidentiality of participant's eligibility be protected, and that information be released only for the purposes permitted by federal rules or granted by parent or guardian signatures.

The 2025 – 2026 Adult Day Care Only Free and Reduced-Price Meals Family Application is **effective July 1, 2025**. If you have questions or need further assistance, please call Tracy Sayre, CACFP Coordinator at (304) 558-3396 or email her at trcsayre@k12.wv.us.

Sincerely,

Anthony Crago, Director
Office of Child Nutrition

AC/TS/ja

Enclosures

ADULT DAY CARE only**FREE AND REDUCED PRICE MEALS FAMILY APPLICATION**

Program Year 2025-2026

West Virginia Department of Education

Sponsor _____

Address _____

1. COMPLETE THIS PART IF THE INDIVIDUAL ENROLLED IN THE CENTER IS CURRENTLY INCLUDED IN A FOOD STAMP HOUSEHOLD OR RECEIVES ASSISTANCE UNDER THE SUPPLEMENTAL SECURITY INCOME (SSI) PROGRAM OR MEDICAID. IF YOU COMPLETE THIS PART, SKIP PART 2 AND GO TO ON TO PART 3.

Participants' Full Name(s)	Medicaid Case #	SSI Case #	Food Stamp Case #

2. COMPLETE THIS PART IF PART 1 DOES NOT APPLY. List all household members and current monthly income. Use line 1 to identify the individual enrolled in the adult day care center.

Names of Household Members (If you need more spaces, attach a separate sheet)	Age	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
1.		\$	\$	\$	\$	<input type="checkbox"/>
2.		\$	\$	\$	\$	<input type="checkbox"/>
3.		\$	\$	\$	\$	<input type="checkbox"/>
4.		\$	\$	\$	\$	<input type="checkbox"/>
5.		\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ Total Monthly Income Before Deductions \$ _____

Go to Part 3.

3. 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

And mark one ethnic identity from this group:

_____ Hispanic or Latino _____ Not Hispanic or Latino

4. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list the last four digits 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 sponsor may get federal funds based on the information I give. I understand that agency officials may verify (check) the information. I understand that if I purposely give false information, I may lose meal benefits and I may be prosecuted.

Sign Here: X _____ Date: _____ Print Name: _____

Last

First

MI

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

Social Security Number: * * * - * * - _ _ _ _

☐

I do not have a Social Security Number

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

_____ Free Meals

_____ Reduced Meals

_____ Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Program Year 2025-2026

FREE AND REDUCED PRICE MEAL APPLICATION

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, 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, audiotope, 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.

USDA is an equal opportunity provider, employer, and lender.

GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2025 to June 30, 2026

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

ELIGIBLE FOR FREE MEALS OR FREE MILK – 130%					
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
ONE	20,345	1,696	848	783	392
TWO	27,495	2,292	1,146	1,058	529
THREE	34,645	2,888	1,444	1,333	667
FOUR	41,795	3,483	1,742	1,608	804
FIVE	48,945	4,079	2,040	1,883	942
SIX	56,095	4,675	2,338	2,158	1,079
SEVEN	63,245	5,271	2,636	2,433	1,217
EIGHT	70,395	5,867	2,934	2,708	1,354

ELIGIBLE FOR REDUCED PRICE MEALS – 185%				
YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
28,953	2,413	1,207	1,114	557
39,128	3,261	1,631	1,505	753
49,303	4,109	2,055	1,897	949
59,478	4,957	2,479	2,288	1,144
69,653	5,805	2,903	2,679	1,340
79,828	6,653	3,327	3,071	1,536
90,003	7,501	3,751	3,462	1,731
100,178	8,349	4,175	3,853	1,927

FOR EACH ADDITIONAL FAMILY MEMBER,
ADD

7,150	596	298	275	138
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10,175	848	424	392	196
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CONVERSION FACTOR

Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12


FY25-26_ADC_FREApp

Final Audit Report

2025-04-30

Created:	2025-04-30
By:	Jarahnee Armstrong (jarmstr@k12.wv.us)
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-  Document created by Jarahnee Armstrong (jarmstr@k12.wv.us)
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