



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

REVISED

May 5, 2025

Child and Adult Care Food Program (CACFP) Sponsors

**2025 - 2026 Free and Reduced-Price Meals Family Application**

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

- Prototype Letter to Households.
- Instructions for Applying; and
- 2025 - 2026 Free and Reduced Application.

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 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](mailto:trcsayre@k12.wv.us).

Sincerely,

Anthony Crago, Director  
Office of Child Nutrition

AC/TS/ja

Enclosures

Dear Parent or Guardian:

This center participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. The statement will be filed as confidential information. The names of the participants for which free or reduced price meals may be claimed shall not be published, posted or announced in any manner; this information is necessary to determine the amount of federal funding received by our center for the meal served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you received Food Stamps or benefits under the West Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your 10 digit Food Stamp case number or your TANF case number in Section 2 and sign and date the statement in Section 5. This means that your child is "categorically eligible" and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Section 4 must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Section 5.

If this application is for a foster child, please read carefully the directions found on the "Instructions For Applying" sheet. If you have a foster child and have further questions, please contact our office for additional information before completing the application.

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; or
- (2) **FAX:** (833) 256-1665 or (202) 690-7442; or
- (3) **EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This Institution is an equal opportunity provider, employer, and lender.**

Thank you for your cooperation: \_\_\_\_\_

Institution Representative

Letter to Parent

West Virginia Department of Education  
**FREE AND REDUCED-PRICE MEALS 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 all 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 only if it applies.  
**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.

# 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 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 <b>everyone</b> in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Public Assistance, 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

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 \_\_\_\_\_

**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](http://www.chip.wv.gov) You may also apply online at [www.wvpath.wv.org](http://www.wvpath.wv.org).

**Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.**

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2025 – June 30, 2026</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
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.

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

ELIGIBLE FOR <b>REDUCED</b> 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**