



# Willow Tree Learning Academy

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A Crittenton Community Program

## **Before and After Care Programs**

Licensed by the State of West Virginia Department of Health and Human  
Services

Accredited by the Council on Accreditation (COA) for highest standards  
of professional practice.

Willow Tree Learning Academy operates on a non-discriminatory basis  
with regards to race, creed, religion, sex, traditional origin, handicap, age  
or marital status of the parents.

**Willow Tree Learning Academy Before and After Care**  
**2023/2024 School Year**  
**Registration Packet**

**All forms can also be found on our website: [www.crittentonwv.org](http://www.crittentonwv.org).**

**Registration Packet:**

- 1. Enrollment Form**
- 2. Financial Forms and Contract**
- 3. "Getting to know your child form."**
- 4. Emergency Care Form**
- 5. Permission to Transport**
- 6. Child Pick-up Authorization Forms**
- 7. Media Releases**
- 8. Discipline/Aggressive Behavior Policy**
- 9. Child Abuse and Neglect Policy**
- 10. Personal Property**
- 11. Client Satisfaction Surveys**
- 12. Customer Complaint Policy and form**
- 13. Free or reduced meal application, USDA**
- 14. Children with Disabilities and Special Dietary Forms**
- 15. Free or reduced meal application**
- 16. Acknowledgment of Forms, Policies and Procedures**

**All forms must be completed and returned to Willow Tree Learning Academy before your child can be enrolled-NO EXCEPTIONS. Incomplete packets will not be accepted. A new registration packet must be completed and fee paid for new school year and for each child.**

**The following fee rates are effective 8-1-2023:**

Registration Packet: \$20.00 and paid prior to or on 1<sup>st</sup> day of attendance.

Hourly Rates: \$7.00 for service

Late Pick-up Fees: \$14.00 for every 1-15 minutes

**In addition to the fees listed above, Willow Tree Learning Academy will also be implementing payment late fee schedules. See financial forms and contract in the following sections.**

**Willow Tree Learning Academy**  
**Before and After Care**  
**Enrollment Packet 2023-2024**

<b>Date Rec:</b>
<b>Rec. By</b>

Willow Tree Learning Academy provides on-site, before and after school care for children in grades K-5 at both Woodsdale and Middle Creek Elementary Schools and after school care at Steenrod Elementary. Our staff provide social, educational, and recreational opportunities with an emphasis on incorporating community involvement for children in a safe yet stimulating environment. Our caring staff are here for you and your family!

**It is the policy of Willow Tree Learning Academy not to discriminate on the basis of race, color, religion(creed), gender expression, age, national origin(ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, children, and families we serve and volunteers.**

Willow Tree Learning Academy is licensed through the WV Department of Health and Human Services thus we must maintain staff/child ratios defined by the state. To maintain compliance in this area we are recommending that families complete the following schedule for the upcoming school year. If you find that your needs have changed, please contact our offices immediately so we can ensure appropriate supervision.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care					
After Care					

Note: Willow Tree Learning Academy follows the Ohio County School calendar. Our programs are closed when the schools are closed, including snow days, federal and state holidays, professional learning days and during school vacations (including the summer)

Child's Full Name: \_\_\_\_\_

Name Child Goes By: \_\_\_\_\_

Grade: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Any Known Food Allergies: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Willow Tree Learning Academy

Financial Contract

The total cost per week will be calculated by the hour (\$7.00) not by the minute. **Payments are due in advance of care.**

Primary Email address where correspondence should be sent:

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\_\_\_\_\_ (Initial) I receive State or other third-party payer assistance for childcare.

**\*If yes, please contact the office. Payments must be made directly to Willow Tree Learning Academy from these agencies.**

Parents/Guardians are responsible for all parent fees and registration fees that the third-party payer does not pa

**I understand that:**

- I have acknowledged the above scheduled childcare and hourly fees. Willow Tree Learning Academy is only available during the scheduled school year calendar. (Fees are based on the hours attended).
- **Late Pick-up Policy-** Fees will be charged automatically to my account for late pick-ups. WTLA aftercare closes promptly at 5:30. If additional time is needed, to speak with teachers etc., I will arrive before 5:30 so that my child and I are ready to leave by 5:30. Starting with the second late pick-up, a fee of \$14 after 1 to 15 minutes late will be assessed for each enrolled child, and then \$14.00 every 15 minutes after for each enrolled child.
- **A Late Payment Fee** of \$10.00 will be charged to all accounts with a past due balance of more than 15 days. After 30 days, another late fee of \$15.00 will be added to the account. I understand that termination of childcare will be sent after 30 days if a continuation of unpaid services is not resolved.
- **If I fail to pay my bill**, no member of my family will be able to sign-up or participate in any programs offered by Willow Tree Learning Academy until my account is paid in full and a credit card is on file for automatic payment plan.
- Willow Tree Learning Academy reserves the right to terminate my contract and childcare services immediately under certain circumstances (including but not limited to: parent's failure to pay or complete required paperwork, gross misconduct on the part of the parent or child, behaviors that cannot be accommodated in the classroom without the need for additional staffing or that jeopardize the safety of any of the staff or children etc.)

I have read and agree to the terms of this childcare contract.

Signature. \_\_\_\_\_

Date. \_\_\_\_\_

## Credit Card Agreement

Willow Tree Learning Academy has been accepting credit card payments (Visa, Mastercard, American Express) for several years. This year we are offering families a variation of this payment type in an effort to make this payment option a bit more convenient. By completing the form below, you are giving Willow Tree Learning Academy permission to maintain a confidential file of your credit card information, to pay for childcare services at your direction throughout the school year. Your account will be "automatically billed" every month. By completing a Payment Authorization Form (attached), you will give us permission to bill your credit card account. For those who would prefer, there is still the option of calling each time with complete information, and the detail of your accounts will be destroyed after each transaction. **Payments are due in advance of care.**

By completing the following, I am giving Willow Tree Learning Academy Childcare permission to maintain this financial information on site in a locked file, only for the purpose of payment for my child(ren)s childcare services. I understand this information will be destroyed via shredding upon request or upon the termination of our contracted relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BELOW**

I will pay my childcare (choose one): Weekly    BI-Weekly    Monthly

\_\_\_\_\_  
Name of cardholder

\_\_\_\_\_  
16 digit card number

Type of card (circle)    Visa                      Mastercard                      American Express

\_\_\_\_\_/\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
3 digit security code  
(as it appears on the back of the card)

**Payment Authorization Form**

By completing this form, I, \_\_\_\_\_

(Printed name)

give Willow Tree Learning Academy Childcare permission to bill the credit card account I have provided (on file) for my child(ren) \_\_\_\_\_

\_\_\_\_\_ (Print child(ren)s name(s))

as follows:

\$ \_\_\_\_\_

\_\_\_\_\_ Payment date

\_\_\_\_\_ Parent Signature

**Payment Authorization Form**

By completing this form, I, \_\_\_\_\_

(printed name)

give Willow Tree Learning Academy Childcare permission to bill the credit card account I have provided (on file) for my child(ren) \_\_\_\_\_

\_\_\_\_\_ (print child(ren)s name(s))

as follows:

\$ \_\_\_\_\_

\_\_\_\_\_ Payment date

\_\_\_\_\_ Parent Signature

## Getting to Know Your Child

The following information will help us to assist your child transitioning into our program as smoothly as possible and to have a successful and positive experience over all at before and after care. Thank you for your time in relaying this information.

### Family

Does your child have a nickname that they prefer we call him/her? \_\_\_\_\_

Names of brothers and sisters and their age(s) \_\_\_\_\_

Names of others living in the home and relationship to child? \_\_\_\_\_

Has your family recently moved or experience any major changes that is affecting your child?  
\_\_\_\_\_

Do you have any cultural beliefs/traditions that we should be aware of? \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

Does your child have any food sensitivities/allergies? \_\_\_\_\_  
\_\_\_\_\_

### General Information

What causes your child to feel especially good about her or himself? This might include activities, talents, acquired skills or specific ways of communicating that your child responds especially well to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What subject(s) or activities does your child enjoy?  
\_\_\_\_\_

Does your child have an educational plan (IEP or 504)? \_\_\_\_\_

Please comment on any special needs the Willow Tree Learning Academy staff should be aware of and how to best work with your child to ensure a positive experience in our program?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like to share about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Child Emergency Care Form**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Sex of Child: Male \_\_\_\_\_ Female \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Person to contact in an emergency if you are not available. These individuals must be able to assume responsibility for the care and welfare of your child if the center cannot locate you in an emergency. This person may also pick up my child: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Child's Health Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

**Crittenton Services**

**Willow Tree Learning Academy**

**Before and After Care Child Emergency Care Form**

**FIRST AID**

In the event of an emergency, I authorize the staff to provide first aid care deemed necessary for my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CARE**

In the event of an emergency in which I cannot be reached, the physician listed, if possible and a local hospital is hereby authorized to provide any emergency care and transportation if deemed necessary for my child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HEALTH RECORD TRANSFER**

In the event of an emergency, I hereby authorize the transfer of my child's health record to a local hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERMISSION TO TRANSPORT**

In the event of a natural or man-made disaster, Crittenton Services, Willow Tree Learning Academy staff have my permission to transport my child to a safe place and call me immediately if this should occur.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Crittenton Services**

**Willow Tree Learning Academy**

**Before and After Care Media Release Form**

From time to time, Willow Tree Learning Academy may wish to publicize a child's accomplishment. In addition, there may be times when special events and activities at the site will be published by various news media (photographs, audio, video and social media).

\_\_\_\_\_ I give my consent.

\_\_\_\_\_ I do not give my consent.

For the photograph, audio, video and/ or name of my child, \_\_\_\_\_ to be released to the news media.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Crittenton Services

Willow Tree Learning Academy

Before and After Care Child Pick-Up List

Your child will not be permitted to leave with anyone not authorized on this consent form. If it becomes necessary for someone else to pick up your child, we must receive in advance from you a written, dated and signed authorization. We will require identification from the person picking up the child(ren). **All authorized people must be at least 18 years of age. Pick up times will be the same as it is for you. If your alternate person picking up is late, your account will still be billed for a late fee.**

Child's Name: \_\_\_\_\_

**Persons authorized to pick -up your child when you are unavailable to do so:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If there are any changes Willow Tree Learning Academy must be immediately notified of the changes in information that has been provided such as telephone numbers (home, work, and cellular phones), job, family status, custody changes, doctors, and authorized persons to pick up your child. This is done for the safety of your child. Please keep us informed.**

## Crittenton Services

### Willow Tree Learning Academy Policies

#### Discipline/Aggressive Behaviors

Unruly behavior and even some level of aggression for school-aged children in a childcare setting are normal and expected. This can include anything from verbal intimidation, making fun of someone (bullying), to pushing, or punch. Understanding the behavior, responding appropriately, and communication clearly with parents are essential to dealing with these problem behaviors.

Willow Tree Learning Academy staff reserves the right to suspend or expel a child from the program if aggressive behaviors cannot be managed. This is only likely to occur when there are developmental issues with the child that require a more intense level of supervision than our center can provide. In most cases, we find that consistent, persistent interventions with aggressive behaviors are successful. Our typical disciplinary response to unruly behavior or aggression will include the following interventions:

- We will calmly explain that the behavior is not ok. We will speak calmly to your child and at a minimum, direct him or her to take a break from the action until they are calmed down and ready to re-engage with others.
- We will quickly and publicly attend to the victim of aggression.
- We will offer ongoing praise and reinforcement for interacting appropriately with friends, encouraging socially acceptable interactions and verbal and nonverbal communication.
- Children who become aggressive will be encouraged to make amends and work with staff to mediate their problems.
- If aggression becomes a pattern, we will fully assess the situation, possible even with the help of behavioral specialist, and request a meeting with the parents and principal to explore the child's particular needs and our plan for working with this behavior. We know that children overcome negative behaviors much more quickly when all the important adults in their lives work together to support behavioral change. Parents may also work on a plan with the child at home.
- **At no time will any staff member use any verbal or physically abusive or demeaning interventions with the child.**

#### Child Abuse and Neglect

According to the West Virginia code, the definition of an abused child is "A child whose health or welfare is harmed or threatened by a parent or custodian who knowingly inflicts, attempts to inflict, or allows another to inflict physical injury, or substantial mental or emotional injury upon the child. In addition, physical injury may include any injury as a result of excessive corporal punishment."

All Crittenton/Willow Tree Learning Academy employees are required to report immediately any suspected incident of child abuse or neglect to Child Protective Services and the Director of Educational Services. In addition, they may report this to the Child Abuse Hotline.

#### Personal Property

Children are not permitted to use cell phones, personal dvd players, personal music/media players or hand held video games while at Willow Tree Learning Academy sites or centers. If these items are brought to school, they must remain in the child's book bag. Not only is the staff unable to take responsibility for such equipment, but some of this technology can also be used to make contact via phone/internet with individuals who may not be appropriate to contact your child. For the safety and security of all the children in our care and to assure the security of your child's property, these items are not permitted under any circumstances.

**Willow Tree Learning Academy**

**Before and After Care Client Satisfaction Surveys**

Crittenton Services/Willow Tree Learning Academy is committed to providing high quality services to the children and families that we serve. One way that we measure our success is by getting regular feedback from our clients. At least once every 90 days each client/family is given the opportunity to complete a client satisfaction survey> we are requesting your email for the purpose of sending you a link to complete your client satisfaction survey online. Your email will not be used for any other purposes and will never be given out or sold to another company. If you do not have an email address or choose not to give out your email address, we will invite you to participate in the survey each quarter through mail. You will be mailed a card which will include:

- A web address that you can use to access the survey.
- A telephone number that you can call to have a staff member complete the survey for you over the phone.

For each quarter that you complete a survey, you will be given the opportunity to be entered into a drawing for a small prize. You do not have to give your name to complete the survey, however you will have to provide your name if you wish to be entered into the drawing. Your names will not be connected to the survey and results remain confidential. If at any time you would like to speak to someone about your satisfaction with the services or you would like a paper survey mailed to you, feel free to call 304-242-7060 and speak with a member of the Quality Improvement Department.

- I choose to receive my Client Satisfaction Survey invitations through email and my email address is:  
\_\_\_\_\_
- I do not have an email address or choose not to provide it and would like to receive invitations through standard mail.

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Customer Complaint Policy

It is our goal at **Willow Tree Learning Academy** to provide you and your family with a safe, warm, and nurturing environment. We realize that problems can and do arise, therefore, the resolution of any problem or conflict will be done in a timely manner. Families can express concerns or make complaints without fear of retaliation.

If you or your family member has a complaint or concern, please take the following steps to resolve the matter:

1. Talk with Director of Educational Services about the conflict or problem and come to a resolution.

If the issue is not resolved, you have the following options:

1. Complete the **Willow Tree Learning Academy** Formal Concern/Complaint form, and forward it to the QI Department at Crittenton Services, Inc.  
or
2. Call Crittenton Services, Inc. at 304-242-7060 and make a formal complaint with the QI Director, Day Care Coordinator, or the Vice President of the Human Resource Department.

The QI Director and the VP of Human Resources will review all complaints and work towards a resolution. You will be contacted by the QI Director or the VP of Human Resources within five working days regarding this issue.

If the issue is not resolved, you may:

1. Contact the Chief Executive Officer at Crittenton Services, Inc. (304-242-7060) and make a formal complaint.

It is our goal to resolve all complaints and concerns. We hope that this process will allow you the option to have your concerns heard and resolved.

**Crittenton Services**  
**Willow Tree Learning Academy**  
**Before and After Care Concern/Complaint Form**

Parent/Guardian Name: \_\_\_\_\_

School where your child is enrolled: \_\_\_\_\_

Did you attempt to resolve this issue with direct staff? \_\_\_\_ yes \_\_\_\_ no

Did you attempt to resolve this issue with the Director of Educational Services? \_\_\_\_ yes \_\_\_\_ no

What is your concern/complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where you can be contacted: \_\_\_\_\_

Administrative Review and Follow-up:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution of Complaint or Concern? YES NO

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Crittenton Services**

**Willow Tree Learning Academy**

**Before and After Care Acknowledgment of Forms, Policies and Procedures**

As a parent of a child attending the Willow Tree Learning Academy Before and After Care Program, I acknowledge that I have received and reviewed the program's policies that are required by West Virginia State Licensing Regulations, Willow Tree Learning Academy and Ohio County Schools and was given the following information:

- Admission Packet
- Discipline/Aggressive Behavior Policy
- Child Abuse and Neglect
- Video, Audio and Photography Policy
- Children with Disabilities and Special Dietary Needs forms
- Emergency Contact and Child Pick Up
- Customer Satisfaction Survey
- Customer Complaint Process Policy
- Free or Reduced Lunch Application
- Special Medical Dietary Forms
- Financial responsibility paperwork, including fees, process for paying etc

I understand that a copy of the West Virginia State Licensing Regulations and all required permits are readily accessible at each site.

If any questions about the above policies, procedures and forms arise, I will contact a staff member at Crittenton Services/Willow Tree Learning Academy.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff accepting Enrollment packet signature: \_\_\_\_\_ Date: \_\_\_\_\_

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

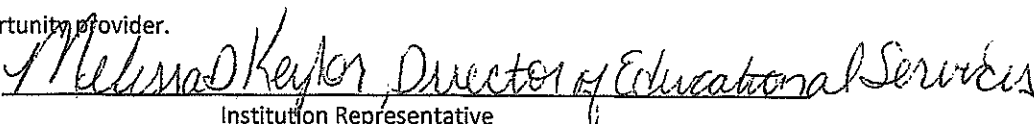
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **MAIL:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
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.

Thank you for your cooperation:

  
Melina O'Keylor, Director of Educational Services  
Institution Representative

Program Year 2023-2024  
West Virginia Department of Education  
**FREE AND REDUCED PRICE SCHOOL 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 Household Application for 2023-2024 – 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

**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      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.wvinroads.org](http://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.**

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2023 – June 30, 2024</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	\$26,973	\$2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

**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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or  
 fax:  
 (833) 256-1665 or (202) 690-7442; or
2. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**

# GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2023 to June 30, 2024

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

ELIGIBLE FOR FREE MEALS OR FREE MILK						
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
ONE	18,954	1,580	790	729	365	
TWO	25,636	2,137	1,069	986	493	
THREE	32,318	2,694	1,347	1,243	622	
FOUR	39,000	3,250	1,625	1,500	750	
FIVE	45,682	3,807	1,904	1,757	879	
SIX	52,364	4,364	2,182	2,014	1,007	
SEVEN	59,046	4,921	2,461	2,271	1,136	
EIGHT	65,728	5,478	2,739	2,528	1,264	

ELIGIBLE FOR REDUCED PRICE MEALS						
YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		
26,973	2,248	1,124	1,038	519		
36,482	3,041	1,521	1,404	702		
45,991	3,833	1,917	1,769	885		
55,500	4,625	2,313	2,135	1,068		
65,009	5,418	2,709	2,501	1,251		
74,518	6,210	3,105	2,867	1,434		
84,027	7,003	3,502	3,232	1,616		
93,536	7,795	3,898	3,598	1,799		

FOR EACH ADDITIONAL FAMILY MEMBER,  
ADD

6,682	557	279	257	129
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9,509	793	397	366	183
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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**



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

## Children with Disabilities and Special Dietary Needs

Schools/Sites participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, Summer Food Service Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school/site meals because of a disability that restricts the diet.

### 1. Licensed Medical Authority's Statement for Children with Disabilities

U.S. Department of Agriculture (USDA) regulations at 7 CFR Part 15b require substitutions or modifications in school/site meals for children whose disabilities restrict their diets. School Food Authorities/Sponsors must provide modifications for children on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for School/Site Food Service") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in West Virginia includes a:

- Physician, (MD or DO)
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

#### The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

### 2. Other Special Dietary Needs

School/Site food service staff may make food substitutions for individual children who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Schools/Sites are encouraged to have documentation on file when making menu modifications within the meal pattern.

### 3. Rehabilitation Act of 1973 and the Americans with Disabilities Act

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

*Major life activities* include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

#### 4. Individuals with Disabilities Education Act

A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to ensure that food service staff is involved early in decisions regarding special meals.

##### **Nutrition Program Contact**

For more information about requesting accommodations to meals and the meal service for children with disabilities at (School or Site Name), please contact:  
(Name and contact information)

#### **USDA Nondiscrimination 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.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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# Medical Plan of Care for School/Site Food Service

*Please read pages 1 and 2 before completing this form.*

Child's Name	Date of Birth	Grade Level/Classroom
Name of School/Site	WVEIS Number	
Name of Parent/Guardian	Phone Number of Parent/Guardian	
Signature of Parent/Guardian	Date	

**1. Provide an explanation below of how the child's physical or mental impairment restricts the child's diet:**

**2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the child's needs:**

**3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.**  
**Foods to be omitted:**  
 1-  
 2-

**Suggested substitutions:**  
 1-  
 2-  
 3-

**4. Indicate texture modifications, if applicable:**

- Chopped/Cut into bite-sized pieces
- Diced
- Finely Ground
- Pureed
- Other: \_\_\_\_\_

**5. List any required special adaptive equipment:**

Name of Physician/Medical Authority & Title (Please Print)	Provider Phone Number
--	-----------------------

Signature of Physician/Medical Authority	Date
--	------

*Signing the following section is optional, but may prevent delays by allowing the school/site to speak with the physician/medical authority.*

**Health Insurance Portability and Accountability Act Waiver**

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize \_\_\_\_\_ medical authority to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ (child nutrition program) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school/site program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# *Building for the Future*

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups: )
Milk Fruit or Vegetable Grains or Bread or may substitute a meat/alternate up to three times a week	Milk Meat or meat alternate Grains or bread Fruit Vegetable	Milk Meat or meat alternate Grains or bread Fruit or vegetable

## **Participating Facilities**

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

## **Eligibility**

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

## **Contact**

### **Information**

If you have questions about CACFP, please contact one of the following:

**Sponsoring Organization/Center**

**State Agency Director**

Amanda Harrison, Ex. Director  
WV Department of Education  
Office of Child Nutrition  
1900 Kanawha Boulevard, East R-750  
Charleston, West Virginia 25305  
(304) 558-3396



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