



INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS



Use for all Child Nutrition Programs to determine eligibility for Free and Reduced-Price Meals or Milk.

EFFECTIVE DATE: JULY 1, 2016 TO JUNE 30, 2017

FREE MEALS						REDUCED-PRICE MEALS					
Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly	Family Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	17,771	1,481	741	684	342	1	25,290	2,108	1,054	973	487
2	23,959	1,997	999	922	461	2	34,096	2,842	1,421	1,312	656
3	30,147	2,513	1,257	1,160	580	3	42,902	3,576	1,788	1,651	826
4	36,335	3,028	1,514	1,398	699	4	51,708	4,309	2,155	1,989	995
5	42,523	3,544	1,772	1,636	818	5	60,514	5,043	2,522	2,328	1,164
6	48,711	4,060	2,030	1,874	937	6	69,320	5,777	2,889	2,667	1,334
7	54,899	4,575	2,288	2,112	1,056	7	78,126	6,511	3,256	3,005	1,503
8	61,113	5,093	2,547	2,351	1,176	8	86,969	7,248	3,624	3,345	1,673
9	67,327	5,611	2,806	2,590	1,296	9	95,812	7,985	3,993	3,686	1,844
10	73,541	6,129	3,065	2,829	1,416	10	104,655	8,722	4,362	4,027	2,015
11	79,755	6,647	3,324	3,068	1,536	11	113,498	9,459	4,731	4,368	2,186
12	85,969	7,165	3,583	3,307	1,656	12	122,341	10,196	5,100	4,709	2,357
13	92,183	7,683	3,842	3,546	1,776	13	131,184	10,933	5,469	5,050	2,528
14	98,397	8,201	4,101	3,785	1,896	14	140,027	11,670	5,838	5,391	2,699
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+6,214	+518	+259	+239	+120		+8,843	+737	+369	+341	+171

***Note: Please file the Income Eligibility Guidelines with your Meal Benefit Forms (MBF) or Applications for Free and Reduced-Price Meals or Milk at the end of the federal fiscal year.**