



# 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, 2018 TO JUNE 30, 2019**

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	18,148	1,513	757	698	349	1	25,826	2,153	1,077	994	497
2	24,609	2,051	1,026	947	474	2	35,021	2,919	1,460	1,347	674
3	31,070	2,590	1,295	1,195	598	3	44,215	3,685	1,843	1,701	851
4	37,531	3,128	1,564	1,444	722	4	53,410	4,451	2,226	2,055	1,028
5	43,992	3,666	1,833	1,692	846	5	62,604	5,217	2,609	2,408	1,204
6	50,453	4,205	2,103	1,941	971	6	71,799	5,984	2,992	2,762	1,381
7	56,914	4,743	2,372	2,189	1,095	7	80,993	6,750	3,375	3,116	1,558
8	63,375	5,282	2,641	2,438	1,219	8	90,188	7,516	3,758	3,469	1,735
9	69,836	5,821	2,911	2,687	1,344	9	99,383	8,283	4,142	3,823	1,912
10	76,297	6,360	3,181	2,936	1,469	10	108,578	9,050	4,526	4,177	2,089
11	82,758	6,899	3,451	3,185	1,594	11	117,773	9,817	4,910	4,531	2,266
12	89,219	7,438	3,721	3,434	1,719	12	126,968	10,584	5,294	4,885	2,443
13	95,680	7,977	3,991	3,683	1,844	13	136,163	11,351	5,678	5,239	2,620
14	102,141	8,516	4,261	3,932	1,969	14	145,358	12,118	6,062	5,593	2,797
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+6461	+539	+270	+249	+125		+9195	+767	+384	+354	+177

\*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.