



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, 2021 TO JUNE 30, 2022

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	19,266	1,606	803	741	371	1	27,417	2,285	1,143	1,055	528
2	26,052	2,171	1,086	1,002	501	2	37,074	3,090	1,545	1,426	713
3	32,838	2,737	1,369	1,263	632	3	46,731	3,895	1,948	1,798	899
4	39,624	3,302	1,651	1,524	762	4	56,388	4,699	2,350	2,169	1,085
5	46,410	3,868	1,934	1,785	893	5	66,045	5,504	2,752	2,541	1,271
6	53,196	4,433	2,217	2,046	1,023	6	75,702	6,309	3,155	2,912	1,456
7	59,982	4,999	2,500	2,307	1,154	7	85,359	7,114	3,557	3,284	1,642
8	66,768	5,564	2,782	2,568	1,284	8	95,016	7,918	3,959	3,655	1,828
9	73,554	6,130	3,065	2,829	1,415	9	104,673	8,723	4,362	4,027	2,014
10	80,340	6,696	3,348	3,090	1,546	10	114,330	9,528	4,765	4,399	2,200
11	87,126	7,262	3,631	3,351	1,677	11	123,987	10,333	5,168	4,771	2,386
12	93,912	7,828	3,914	3,612	1,808	12	133,644	11,138	5,571	5,143	2,572
13	100,698	8,394	4,197	3,873	1,939	13	143,301	11,943	5,974	5,515	2,758
14	107,484	8,960	4,480	4,134	2,070	14	152,958	12,748	6,377	5,887	2,944
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+6786	+566	+283	+261	+131	FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+9657	+805	+403	+372	+186

*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.