



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, 2022 TO JUNE 30, 2023

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	20,319	1,694	847	782	391	1	28,916	2,410	1,205	1,113	557
2	27,378	2,282	1,141	1,053	527	2	38,961	3,247	1,624	1,499	750
3	34,437	2,870	1,435	1,325	663	3	49,007	4,084	2,042	1,885	943
4	41,496	3,458	1,729	1,596	798	4	59,052	4,921	2,461	2,272	1,136
5	48,555	4,047	2,024	1,868	934	5	69,098	5,759	2,880	2,658	1,329
6	55,614	4,635	2,318	2,139	1,070	6	79,143	6,596	3,298	3,044	1,522
7	62,673	5,223	2,612	2,411	1,206	7	89,189	7,433	3,717	3,431	1,716
8	69,732	5,811	2,906	2,682	1,341	8	99,234	8,270	4,135	3,817	1,909
9	76,791	6,400	3,201	2,954	1,477	9	109,280	9,108	4,554	4,204	2,103
10	83,850	6,989	3,496	3,226	1,613	10	119,326	9,946	4,973	4,591	2,297
11	90,909	7,578	3,791	3,498	1,749	11	129,372	10,784	5,392	4,978	2,491
12	97,968	8,167	4,086	3,770	1,885	12	139,418	11,622	5,811	5,365	2,685
13	105,027	8,756	4,381	4,042	2,021	13	149,464	12,460	6,230	5,752	2,879
14	112,086	9,345	4,676	4,314	2,157	14	159,510	13,298	6,649	6,139	3,073
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+7059	+589	+295	+272	+136	FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+10,046	+838	+419	+387	+194

*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.