



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, 2023 TO JUNE 30, 2024

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	21,801	1,817	909	839	420	1	31,025	2,586	1,293	1,194	597
2	29,484	2,457	1,229	1,134	567	2	41,958	3,497	1,749	1,614	807
3	37,167	3,098	1,549	1,430	715	3	52,892	4,408	2,204	2,035	1,018
4	44,850	3,738	1,869	1,725	863	4	63,825	5,319	2,660	2,455	1,228
5	52,533	4,378	2,189	2,021	1,011	5	74,759	6,230	3,115	2,876	1,438
6	60,216	5,018	2,509	2,316	1,158	6	85,692	7,141	3,571	3,296	1,648
7	67,899	5,659	2,830	2,612	1,306	7	96,626	8,053	4,027	3,717	1,859
8	75,582	6,299	3,150	2,907	1,454	8	107,559	8,964	4,482	4,137	2,069
9	83,265	6,940	3,471	3,203	1,602	9	118,493	9,876	4,938	4,558	2,280
10	90,948	7,581	3,792	3,499	1,750	10	129,427	10,788	5,394	4,979	2,491
11	98,631	8,222	4,113	3,795	1,898	11	140,361	11,700	5,850	5,400	2,702
12	106,314	8,863	4,434	4,091	2,046	12	151,295	12,612	6,306	5,821	2,913
13	113,997	9,504	4,755	4,387	2,194	13	162,229	13,524	6,762	6,242	3,124
14	121,680	10,145	5,076	4,683	2,342	14	173,163	14,436	7,218	6,663	3,335
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+7683	+641	+321	+296	+148	FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+10,934	+912	+456	+421	+211

*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.