



# 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, 2024 TO JUNE 30, 2025**

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	22,503	1,876	938	866	433	1	32,024	2,669	1,335	1,232	616
2	30,550	2,546	1,273	1,175	588	2	43,475	3,623	1,812	1,673	837
3	38,597	3,217	1,609	1,485	743	3	54,927	4,578	2,289	2,113	1,057
4	46,644	3,887	1,944	1,794	897	4	66,378	5,532	2,766	2,553	1,277
5	54,691	4,558	2,279	2,104	1,052	5	77,830	6,486	3,243	2,994	1,497
6	62,738	5,229	2,615	2,413	1,207	6	89,281	7,441	3,721	3,434	1,717
7	70,785	5,899	2,950	2,723	1,362	7	100,733	8,395	4,198	3,875	1,938
8	78,832	6,570	3,285	3,032	1,516	8	112,184	9,349	4,675	4,315	2,158
9	86,879	7,241	3,621	3,342	1,671	9	123,636	10,304	5,153	4,756	2,379
10	94,926	7,912	3,957	3,652	1,826	10	135,088	11,259	5,631	5,197	2,600
11	102,973	8,583	4,293	3,962	1,981	11	146,540	12,214	6,109	5,638	2,821
12	111,020	9,254	4,629	4,272	2,136	12	157,992	13,169	6,587	6,079	3,042
13	119,067	9,925	4,965	4,582	2,291	13	169,444	14,124	7,065	6,520	3,263
14	127,114	10,596	5,301	4,892	2,446	14	180,896	15,079	7,543	6,961	3,484
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+8047	+671	+336	+310	+155	FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+11,452	+955	+478	+441	+221

\*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.