



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, 2025 TO JUNE 30, 2026

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	23,387	1,949	975	900	450	1	33,282	2,774	1,387	1,281	641
2	31,616	2,635	1,318	1,216	608	2	44,992	3,750	1,875	1,731	866
3	39,845	3,321	1,661	1,533	767	3	56,703	4,726	2,363	2,181	1,091
4	48,074	4,007	2,004	1,849	925	4	68,413	5,702	2,851	2,632	1,316
5	56,303	4,692	2,346	2,166	1,083	5	80,124	6,677	3,339	3,082	1,541
6	64,532	5,378	2,689	2,482	1,241	6	91,834	7,653	3,827	3,533	1,767
7	72,761	6,064	3,032	2,799	1,400	7	103,545	8,629	4,315	3,983	1,992
8	80,990	6,750	3,375	3,115	1,558	8	115,255	9,605	4,803	4,433	2,217
9	89,219	7,436	3,718	3,432	1,717	9	126,966	10,581	5,291	4,884	2,443
10	97,448	8,122	4,061	3,749	1,876	10	138,677	11,557	5,779	5,335	2,669
11	105,677	8,808	4,404	4,066	2,035	11	150,388	12,533	6,267	5,786	2,895
12	113,906	9,494	4,747	4,383	2,194	12	162,099	13,509	6,755	6,237	3,121
13	122,135	10,180	5,090	4,700	2,353	13	173,810	14,485	7,243	6,688	3,347
14	130,364	10,866	5,433	5,017	2,512	14	185,521	15,461	7,731	7,139	3,573
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+8,229	+686	+343	+317	+159	FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD:	+11,711	+976	+488	+451	+226

***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.**