

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2018 – JUNE 30, 2019**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	15,782	22,459	1,316	1,872	658	936	607	864	304	432
2	21,398	30,451	1,784	2,538	892	1,269	823	1,172	412	586
3	27,014	38,443	2,252	3,204	1,126	1,602	1,039	1,479	520	740
4	32,630	46,435	2,720	3,870	1,360	1,935	1,255	1,786	628	893
5	38,246	54,427	3,188	4,536	1,594	2,268	1,471	2,094	736	1,047
6	43,862	62,419	3,656	5,202	1,828	2,601	1,687	2,401	844	1,201
7	49,478	70,411	4,124	5,868	2,062	2,934	1,903	2,709	952	1,355
8	55,094	78,403	4,592	6,534	2,296	3,267	2,119	3,016	1,060	1,508
For each additional household member										
Add:	5,616	7,992	468	666	234	333	216	308	108	154

<p align="center">CONVERTING INCOME TO ANNUALLY: If there are multiple income sources with more than one frequency, the LEA must annualize all income by multiplying: Monthly (x12) Semi-Monthly or Bi-Monthly/ Twice Per Month (x24) Bi-weekly/Every 2 Weeks (x26) Weekly (x52)</p>	
<p>FNS/WORK FIRST HOUSEHOLDS:</p> <ol style="list-style-type: none"> Child(ren) names. FNS or Work First Cash Assistance case number of any household member. Signature of the Head of Household member. 	<p>ALL OTHER HOUSEHOLDS:</p> <ol style="list-style-type: none"> Child(ren) names. Names of ALL household members Last 4 digits of Social Security Number (SSN) of adult who signs application.
	<ol style="list-style-type: none"> The frequency of how often the income was received. No income box must be checked if no income is received from any source. Signature of the Head of Household member.