

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2019 – JUNE 30, 2020**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	16,237	23,107	1,354	1,926	677	963	625	889	313	445
2	21,983	31,284	1,832	2,607	916	1,304	846	1,204	423	602
3	27,729	39,461	2,311	3,289	1,156	1,645	1,067	1,518	534	759
4	33,475	47,638	2,790	3,970	1,395	1,985	1,288	1,833	644	917
5	39,221	55,815	3,269	4,652	1,635	2,326	1,509	2,147	755	1,074
6	44,967	63,992	3,748	5,333	1,874	2,667	1,730	2,462	865	1,231
7	50,713	72,169	4,227	6,015	2,114	3,008	1,951	2,776	976	1,388
8	56,459	80,346	4,705	6,696	2,353	3,348	2,172	3,091	1,086	1,546
For each additional household member										
Add:	5,746	8,177	479	682	240	341	221	315	111	158

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)

FNS/WORK FIRST HOUSEHOLDS:

1. Child(ren) names.
2. FNS or Work First Cash Assistance case number of any household member.
3. Signature of the Head of Household member.

ALL OTHER HOUSEHOLDS:

1. Child(ren) names.
2. Names of ALL household members
3. Last 4 digits of Social Security Number (SSN) of adult who signs application.

5. The frequency of how often the income was received.
6. No income box **must** be checked if no income is received from any source.
7. Signature of the Head of Household member.