

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2015 – JUNE 30, 2016**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	15,301	21,775	1,276	1,815	638	908	589	838	295	419
2	20,709	29,471	1,726	2,456	863	1,228	797	1,134	399	567
3	26,117	37,167	2,177	3,098	1,089	1,549	1,005	1,430	503	715
4	31,525	44,863	2,628	3,739	1,314	1,870	1,213	1,726	607	863
5	36,933	52,559	3,078	4,380	1,539	2,190	1,421	2,022	711	1,011
6	42,341	60,255	3,529	5,022	1,765	2,511	1,629	2,318	815	1,159
7	47,749	67,951	3,980	5,663	1,990	2,832	1,837	2,614	919	1,307
8	53,157	75,647	4,430	6,304	2,215	3,152	2,045	2,910	1,023	1,455
For each additional household member:										
Add:	5,408	7,696	451	642	226	321	208	296	104	148

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)

SNAP or TANF HOUSEHOLDS:

1. Child(ren) names.
2. SNAP or TANF 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.
4. The amount of income received by each household member, identified by source.

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.