

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2016 – JUNE 30, 2017**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	15,444	21,978	1,287	1,832	644	916	594	846	297	423
2	20,826	29,637	1,736	2,470	868	1,235	801	1,140	401	570
3	26,208	37,296	2,184	3,108	1,092	1,554	1,008	1,435	504	718
4	31,590	44,955	2,633	3,747	1,317	1,874	1,215	1,730	608	865
5	36,972	52,614	3,081	4,385	1,541	2,193	1,422	2,024	711	1,012
6	42,354	60,273	3,530	5,023	1,765	2,512	1,629	2,319	815	1,160
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.