

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2020 – JUNE 30, 2021**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	16,588	23,606	1,383	1,968	692	984	638	908	319	454
2	22,412	31,894	1,868	2,658	934	1,329	862	1,227	431	614
3	28,236	40,182	2,353	3,349	1,177	1,675	1,086	1,546	543	773
4	34,060	48,470	2,839	4,040	1,420	2,020	1,310	1,865	655	933
5	39,884	56,758	3,324	4,730	1,662	2,365	1,534	2,183	767	1,092
6	45,708	65,046	3,809	5,421	1,905	2,711	1,758	2,502	879	1,251
7	51,532	73,334	4,295	6,112	2,148	3,056	1,982	2,821	991	1,411
8	57,356	81,622	4,780	6,802	2,390	3,401	2,206	3,140	1,103	1,570
For each additional household member										
Add:	5,824	8,288	486	691	243	346	224	319	112	160

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)

FNSWORK 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.