FOR APPROVING OFFICIAL ONLY

INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2025 – JUNE 30, 2026

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	20,345	28,953	1,696	2,413	848	1,207	783	1,114	392	557
2	27,495	39,128	2,292	3,261	1,146	1,631	1,058	1,505	529	753
3	34,645	49,303	2,888	4,109	1,444	2,055	1,333	1,897	667	949
4	41,795	59,478	3,483	4,957	1,742	2,479	1,608	2,288	804	1,144
5	48,945	69,653	4,079	5,805	2,040	2,903	1,883	2,679	942	1,340
6	56,095	79,828	4,675	6,653	2,338	3,327	2,158	3,071	1,079	1,536
7	63,245	90,003	5,271	7,501	2,636	3,751	2,433	3,462	1,217	1,731
8	70,395	100,178	5,867	8,349	2,934	4,175	2,708	3,853	1,354	1,927
For each additional household member										
Add:	7,150	10,175	596	848	298	424	275	392	138	196

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.
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.