

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.

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.