

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)

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.