**FOR APPROVING OFFICIAL ONLY**

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS**

**EFFECTIVE JULY 1, 2024 – JUNE 30, 2025**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household Size** | **ANNUAL** | | **MONTHLY** | | **TWICE PER MONTH** | | **EVERY TWO WEEKS** | | **WEEKLY** | |
| **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** |
| **1** | **19,578** | **27,861** | **1,632** | **2,322** | **816** | **1,161** | **753** | **1,072** | **377** | **536** |
| **2** | **26,572** | **37,814** | **2,215** | **3,152** | **1,108** | **1,576** | **1,022** | **1,455** | **511** | **728** |
| **3** | **33,566** | **47,767** | **2,798** | **3,981** | **1,399** | **1,991** | **1,291** | **1,838** | **646** | **919** |
| **4** | **40,560** | **57,720** | **3,380** | **4,810** | **1,690** | **2,405** | **1,560** | **2,220** | **780** | **1,110** |
| **5** | **47,554** | **67,673** | **3,963** | **5,640** | **1,982** | **2,820** | **1,829** | **2,603** | **915** | **1,302** |
| **6** | **54,548** | **77,626** | **4,546** | **6,469** | **2,273** | **3,235** | **2,098** | **2,986** | **1,049** | **1,493** |
| **7** | **61,542** | **87,579** | **5,129** | **7,299** | **2,565** | **3,650** | **2,367** | **3,369** | **1,184** | **1,685** |
| **8** | **68,536** | **97,532** | **5,712** | **8,128** | **2,856** | **4,064** | **2,636** | **3,752** | **1,318** | **1,876** |
| **For each additional household member** | | | | | | | | |  | |
| **Add:** | **6,994** | **9,953** | **583** | **830** | **292** | **415** | **269** | **383** | **135** | **192** |

**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: ALL OTHER HOUSEHOLDS:

1. Child(ren) names. 1. Child(ren) names. 5. The frequency of how often the income was received.

2. FNS or Work First Cash Assistance case number 2. Names of ALL household members 6. No income box **must** be checked if no income is received from any source.

of any household member. . 3. Last 4 digits of Social Security Number (SSN) of adult who signs application. 7. Signature of the Head of Household member.

3. Signature of the Head of Household member.

4. The amount of income received by each household member, identified by source.