FOR APPROVING OFFICIAL ONLY

INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS **EFFECTIVE JULY 1, 2022 – JUNE 30, 2023**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	17,667	25,142	1,473	2,096	737	1,048	680	967	340	484
2	23,803	33,874	1,984	2,823	992	1,412	916	1,303	458	652
3	29,939	42,606	2,495	3,551	1,248	1,776	1,152	1,639	576	820
4	36,075	51,338	3,007	4,279	1,504	2,140	1,388	1,975	694	988
5	42,211	60,070	3,518	5,006	1,759	2,503	1,624	2,311	812	1,156
6	48,347	68,802	4,029	5,734	2,015	2,867	1,860	2,647	930	1,324
7	54,483	77,534	4,541	6,462	2,271	3,231	2,096	2,983	1,048	1,492
8	60,619	86,266	5,052	7,189	2,526	3,595	2,332	3,318	1,166	1,659
For each additional household member										
Add:	6,136	8,732	512	728	256	364	236	336	118	168

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)
ALL OTHER HOUSEHOLDS:

FNS/WORK FIRST 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.

FNS or Work First Cash Assistance case number of any household member.

^{3.} Signature of the Head of Household member.