

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS  
EFFECTIVE JULY 1, 2023 – JUNE 30, 2024**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	18,954	26,973	1,580	2,248	790	1,124	729	1,038	365	519
2	25,636	36,482	2,137	3,041	1,069	1,521	986	1,404	493	702
3	32,318	45,991	2,694	3,833	1,347	1,917	1,243	1,769	622	885
4	39,000	55,500	3,250	4,625	1,625	2,313	1,500	2,135	750	1,068
5	45,682	65,009	3,807	5,418	1,904	2,709	1,757	2,501	879	1,251
6	52,364	74,518	4,364	6,210	2,182	3,105	2,014	2,867	1,007	1,434
7	59,046	84,027	4,921	7,003	2,461	3,502	2,271	3,232	1,136	1,616
8	65,728	93,536	5,478	7,795	2,739	3,898	2,528	3,598	1,264	1,799
<b>For each additional household member</b>										
<b>Add:</b>	<b>6,682</b>	<b>9,509</b>	<b>557</b>	<b>793</b>	<b>279</b>	<b>397</b>	<b>257</b>	<b>366</b>	<b>129</b>	<b>183</b>

**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.