

FOR APPROVING OFFICIAL ONLY

**INCOME ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS  
EFFECTIVE JULY 1, 2021 – JUNE 30, 2022**

Household Size	ANNUAL		MONTHLY		TWICE PER MONTH		EVERY TWO WEEKS		WEEKLY	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	16,744	23,828	1,396	1,986	698	993	644	917	322	459
2	22,646	32,227	1,888	2,686	944	1,343	871	1,240	436	620
3	28,548	40,626	2,379	3,386	1,190	1,693	1,098	1,563	549	782
4	34,450	49,025	2,871	4,086	1,436	2,043	1,325	1,886	663	943
5	40,352	57,424	3,363	4,786	1,682	2,393	1,552	2,209	776	1,105
6	46,254	65,823	3,855	5,486	1,928	2,743	1,779	2,532	890	1,266
7	52,156	74,222	4,347	6,186	2,174	3,093	2,006	2,855	1,003	1,428
8	58,058	82,621	4,839	6,886	2,420	3,443	2,233	3,178	1,117	1,589
<b>For each additional household member</b>										
<b>Add:</b>	<b>5,902</b>	<b>8,399</b>	<b>492</b>	<b>700</b>	<b>246</b>	<b>350</b>	<b>227</b>	<b>324</b>	<b>114</b>	<b>162</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.