

## ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS SY 2018-2019

HOUSEHOLD SIZE	INCOME GUIDELINES FOR FREE MEALS					INCOME GUIDELINES FOR REDUCED-PRICE MEALS				
	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY
1	304	607	658	1,316	15,782	432	864	936	1,872	22,459
2	412	823	892	1,784	21,398	586	1,172	1,269	2,538	30,451
3	520	1,039	1,126	2,252	27,014	740	1,479	1,602	3,204	38,443
4	628	1,255	1,360	2,720	32,630	893	1,786	1,935	3,870	46,435
5	736	1,471	1,594	3,188	38,246	1,047	2,094	2,268	4,536	54,427
6	844	1,687	1,828	3,656	43,862	1,201	2,401	2,601	5,202	62,419
7	952	1,903	2,062	4,124	49,478	1,355	2,709	2,934	5,868	70,411
8	1,060	2,119	2,296	4,592	55,094	1,508	3,016	3,267	6,534	78,403
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+ 108	+ 216	+ 234	+ 468	+ 5,616	+ 154	+ 308	+ 333	+ 666	+ 7,992

CONVERTING INCOME TO YEARLY:    Weekly x 52            Every 2 weeks x 26            Twice a month x 24            Monthly x 12

**SNAP or TANF HOUSEHOLDS:**

1. Child(ren) names
2. SNAP or TANF case number of any household member
3. Signature of an adult household member

**ALL OTHER HOUSEHOLDS:**

1. Child(ren) names
2. Names of ALL household members
3. The amount of income received by each household member, identified by source.
4. Frequency of how often the income was received.
5. Last four digits of Social Security Number (SSN) of adult who signs application
6. Signature of an adult household member