

ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS SY 2023-2024

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

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

SNAP or TANF HOUSEHOLDS:

1. Child's name/Children's names
2. SNAP or TANF case number of any household member
3. Signature of an adult household member

ALL OTHER HOUSEHOLDS:

1. Child's name/Children's 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