

ELIGIBILITY STANDARDS FOR FREE AND REDUCED PRICE MEALS SY 2021-2022

HOUSEHOLD SIZE	INCOME GUIDELINES FOR FREE MEALS					INCOME GUIDELINES FOR REDUCED PRICE MEALS				
	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	ANNUAL	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	ANNUAL
1	322	644	698	1,396	16,744	459	917	993	1,986	23,828
2	436	871	944	1,888	22,646	620	1,240	1,343	2,686	32,227
3	549	1,098	1,190	2,379	28,548	782	1,563	1,693	3,386	40,626
4	663	1,325	1,436	2,871	34,450	943	1,886	2,043	4,086	49,025
5	776	1,552	1,682	3,363	40,352	1,105	2,209	2,393	4,786	57,424
6	890	1,779	1,928	3,855	46,254	1,266	2,532	2,743	5,486	65,823
7	1,003	2,006	2,174	4,347	52,156	1,428	2,855	3,093	6,186	74,222
8	1,117	2,233	2,420	4,839	58,058	1,589	3,178	3,443	6,886	82,621
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+114	+227	+246	+492	+5,902	+162	+324	+350	+700	+8,399

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