

ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS SY 2020-2021

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	319	638	692	1,383	16,588	454	908	984	1,968	23,606
2	431	862	934	1,868	22,412	614	1,227	1,329	2,658	31,894
3	543	1,086	1,177	2,353	28,236	773	1,546	1,675	3,349	40,182
4	655	1,310	1,420	2,839	34,060	933	1,865	2,020	4,040	48,470
5	767	1,534	1,662	3,324	39,884	1,092	2,183	2,365	4,730	56,758
6	879	1,758	1,905	3,809	45,708	1,251	2,502	2,711	5,421	65,046
7	991	1,982	2,148	4,295	51,532	1,411	2,821	3,056	6,112	73,334
8	1,103	2,206	2,390	4,780	57,356	1,570	3,140	3,401	6,802	81,622
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+112	+224	+243	+486	+5,824	+ 160	+ 319	+ 346	+ 691	+ 8,288

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