GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

SchoolYear2019-2020

ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

ELIGIBLE FOR FREE MEALS OR FREE MILK								
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY			
ONE	16,237	1,354	677	625	313			
TWO	21,983	1,832	916	846	423			
THREE	27,729	2,311	1,156	1,067	534			
FOUR	33,475	2,790	1,395	1,288	644			
FIVE	39,221	3,269	1,635	1,509	755			
SIX	44,967	3,748	1,874	1,730	865			
SEVEN	50,713	4,227	2,114	1,951	976			
EIGHT	56,459	4,705	2,353	2,172	1,086			

ELIGIBLE FOR REDUCED PRICE								
MEALS								
YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY				
23,107	1,926	963	889	445				
31,284	2,607	1,304	1,204	602				
39,461	3,289	1,645	1,518	759				
47,638	3,970	1,985	1,833	917				
55,815	4,652	2,326	2,147	1,074				
63,992	5,333	2,667	2,462	1,231				
72,169	6,015	3,008	2,776	1,388				
80,346	6,696	3,348	3,091	1,546				

FOR EACH ADDITIONAL FAMILY MEMBER,

ADD 5,746 479 240 221 111

8,177	682	341	315	158

CONVERSION FACTOR

Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12