

INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2010 - June 30, 2011

Use the income chart below to see if you qualify for the free or reduced price meal program.

Household size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1*	\$20,036	\$1,670	\$835	\$771	\$386
2	\$26,955	\$2,247	\$1,124	\$1,037	\$519
3	\$33,874	\$2,823	\$1,412	\$1,303	\$652
4	\$40,793	\$3,400	\$1,700	\$1,569	\$785
5	\$47,712	\$3,976	\$1,988	\$1,836	\$918
6	\$54,631	\$4,553	\$2,277	\$2,102	\$1,051
7	\$61,550	\$5,130	\$2,565	\$2,368	\$1,184
8	\$68,469	\$5,706	\$2,853	\$2,634	\$1,317
For EACH additional household member add:	\$6,919	\$577	\$289	\$267	\$134

* A household of 1 means a foster child, a child in out-of-home care, or a pupil who is his/her sole support.