

## ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS SY 2017-2018

HOUSEHOLD SIZE	INCOME GUIDELINES FOR FREE MEALS					INCOME GUIDELINES FOR REDUCED-PRICE MEALS				
	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY
1	302	603	654	1,307	15,678	430	859	930	1,860	22,311
2	406	812	880	1,760	21,112	578	1,156	1,252	2,504	30,044
3	511	1,021	1,107	2,213	26,546	727	1,453	1,575	3,149	37,777
4	615	1,230	1,333	2,665	31,980	876	1,751	1,897	3,793	45,510
5	720	1,439	1,559	3,118	37,414	1,024	2,048	2,219	4,437	53,243
6	824	1,648	1,786	3,571	42,848	1,173	2,346	2,541	5,082	60,976
7	929	1,857	2,012	4,024	48,282	1,322	2,643	2,863	5,726	68,709
8	1,033	2,066	2,239	4,477	53,716	1,471	2,941	3,186	6,371	76,442
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	+ 105	+ 209	+ 227	+ 453	+ 5,434	+ 149	+ 298	+ 323	+ 645	+ 7,733

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

**SNAP or TANF HOUSEHOLDS:**

1. Child(ren) names
2. SNAP or TANF case number of any household member
3. Signature of an adult household member

**ALL OTHER HOUSEHOLDS:**

1. Child(ren) 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