

ELIGIBILITY STANDARDS FOR FREE AND REDUCED PRICE MEALS SY 2022-2023

HOUSEHOLD SIZE	INCOME GUIDELINES FOR REDUCED PRICE MEALS					INCOME GUIDELINES FOR FREE MEALS				
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	25,142	2,096	1,048	967	484	17,667	1,473	737	680	340
2	33,874	2,823	1,412	1,303	652	23,803	1,984	992	916	458
3	42,606	3,551	1,776	1,639	820	29,939	2,495	1,248	1,152	576
4	51,338	4,279	2,140	1,975	988	36,075	3,007	1,504	1,388	694
5	60,070	5,006	2,503	2,311	1,156	42,211	3,518	1,759	1,624	812
6	68,802	5,734	2,867	2,647	1,324	48,347	4,029	2,015	1,860	930
7	77,534	6,462	3,231	2,983	1,492	54,483	4,541	2,271	2,096	1,048
8	86,266	7,189	3,595	3,318	1,659	60,619	5,052	2,526	2,332	1,166
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	8,732	728	364	336	168	6,136	512	256	236	118

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