

**CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP**  
**INCOME ELIGIBILITY GUIDELINES**  
*Effective from July 1, 2019 to June 30, 2020*

	Free Meals - 130%					HOUSEHOLD SIZE	Reduced Price Meals - 185%					
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	
1	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445	1
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602	2
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759	3
4	33,475	2,790	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917	4
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074	5
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231	6
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388	7
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546	8
9	62,205	5,184	2,593	2,393	1,197	9	88,523	7,378	3,689	3,406	1,704	9
10	67,951	5,663	2,833	2,614	1,308	10	96,700	8,060	4,030	3,721	1,862	10
11	73,697	6,142	3,073	2,835	1,419	11	104,877	8,742	4,371	4,036	2,020	11
12	79,443	6,621	3,313	3,056	1,530	12	113,054	9,424	4,712	4,351	2,178	12
	5,746	479	240	221	111	For each additional family member add:	8,177	682	341	315	158	

**A. All applications qualified by income must have:**

1. All household members listed.
2. Income by household member, source and frequency that income is received (Weekly, Monthly, etc.)
3. The last 4 digits of the SSN of the primary wage earner or adult who signs the application or box checked if they do not have a SSN
4. An adult household member's signature.

**B. All applications qualified by SNAP, TAFI or FDPIR number must have:**

1. Name of the child receiving benefits, a correct benefit number; and
2. An adult household member's signature.

**ANNUAL INCOME COMPUTATION**

Multiply:  
**WEEKLY** income by 52  
**EVERY TWO WEEKS** income by 26  
**TWICE MONTHLY** income by 24  
**MONTHLY** income by 12