

**CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP  
INCOME ELIGIBILITY GUIDELINES  
Effective from July 1, 2018 to June 30, 2019**

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
15,782	1,316	658	607	304	1	22,459	1,872	936	864	432
21,398	1,784	892	823	412	2	30,451	2,538	1,269	1,172	586
27,014	2,252	1,126	1,039	520	3	38,443	3,204	1,602	1,479	740
32,630	2,720	1,360	1,255	628	4	46,435	3,870	1,935	1,786	893
38,246	3,188	1,594	1,471	736	5	54,427	4,536	2,268	2,094	1,047
43,862	3,656	1,828	1,687	844	6	62,419	5,202	2,601	2,401	1,201
49,478	4,124	2,062	1,903	952	7	70,411	5,868	2,934	2,709	1,355
55,094	4,592	2,296	2,119	1,060	8	78,403	6,534	3,267	3,016	1,508
60,710	5,060	2,530	2,335	1,168	9	86,395	7,200	3,600	3,324	1,662
66,326	5,528	2,764	2,551	1,276	10	94,387	7,866	3,933	3,632	1,816
71,942	5,996	2,998	2,767	1,384	11	102,379	8,532	4,266	3,940	1,970
77,558	6,464	3,232	2,983	1,492	12	110,371	9,198	4,599	4,248	2,124
5,616	468	234	216	108	For each additional family member add:	7,992	666	333	308	154

- 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