

**CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP
INCOME ELIGIBILITY GUIDELINES
Effective from July 1, 2017 to June 30, 2018**

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
15,678	1,307	654	603	302	1	22,311	1,860	930	859	430
21,112	1,760	880	812	406	2	30,044	2,504	1,252	1,156	578
26,546	2,213	1,107	1,021	511	3	37,777	3,149	1,575	1,453	727
31,980	2,665	1,333	1,230	615	4	45,510	3,793	1,897	1,751	876
37,414	3,118	1,559	1,439	720	5	53,243	4,437	2,219	2,048	1,024
42,848	3,571	1,786	1,648	824	6	60,976	5,082	2,541	2,346	1,173
48,282	4,024	2,012	1,857	929	7	68,709	5,726	2,863	2,643	1,322
53,716	4,477	2,239	2,066	1,033	8	76,442	6,371	3,186	2,941	1,471
59,150	4,930	2,466	2,275	1,138	9	84,175	7,016	3,509	3,239	1,620
64,584	5,383	2,693	2,484	1,243	10	91,908	7,661	3,832	3,537	1,769
70,018	5,836	2,920	2,693	1,348	11	99,641	8,306	4,155	3,835	1,918
75,452	6,289	3,147	2,902	1,453	12	107,374	8,951	4,478	4,133	2,067
5,434	453	227	209	105	For each additional family member add:	7,733	645	323	298	149

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