

FOR SPONSOR USE ONLY

Child Nutrition Program Benefits
INCOME ELIGIBILITY GUIDELINES

JULY 1, 2018 THROUGH JUNE 30, 2019

To Calculate Annual Income:

Weekly Income X 52 ♦ Every 2 Weeks Income X 26 ♦ Twice a Month Income X 24 ♦ Monthly Income X 12

Household Size	Annual Income		
	Free	Reduced Price	Paid
1	0 - 15,782	15,783 – 22,459	22,460+
2	0 – 21,398	21,399 – 30,451	30,452+
3	0 – 27,014	27,015 – 38,443	38,444+
4	0 – 32,630	32,631 – 46,435	46,436+
5	0 – 38,246	38,247 – 54,427	54,428+
6	0 – 43,862	43,863 – 62,419	62,420+
7	0 – 49,478	49,479 – 70,411	70,412+
8	0 – 55,094	55,095 – 78,403	78,404+
9	0 – 60,710	60,711 – 86,395	86,396+
10	0 – 66,326	66,327 – 94,387	94,388+
Each Additional Family Member	+5,616	+7,992	