

INCOME ELIGIBILITY GUIDELINES 2018-2019

HOUSEHOLD SIZE PRICE MEALS/MILK		ELIGIBILITY SCALE FOR FREE MEALS/MILK			HOUSEHOLD SIZE		ELIGIBILITY SCALE FOR REDUCED-	
EVERY TWO WEEKS	PER YEAR PER WEEK	PER MONTH	EVERY TWO WEEKS	PER WEEK	PER YEAR	PER MONTH		
1	15,782	1,316	607	304	1	22,459	1,872	864
432								
2	21,398	1,784	823	412	2	30,451	2,538	1,172
586								
3	27,014	2,252	1,039	520	3	38,443	3,204	1,479
740								
4	32,630	2,720	1,255	628	4	46,435	3,870	1,786
893								
5	38,246	3,188	1,471	736	5	54,427	4,536	2,094
1,047								
6	43,862	3,656	1,687	844	6	62,419	5,202	2,401
1,201								
7	49,478	4,124	1,903	952	7	70,411	5,868	2,709
1,355								
8	55,094	4,592	2,119	1,060	8	78,403	6,534	3,016
1,508								
FOR EACH ADDITIONAL FAMILY MEMBER					FOR EACH ADDITIONAL FAMILY MEMBER			
ADD +154	+5,616	+468	+216	+108	ADD	+7,992	+666	+308