CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP **INCOME ELIGIBILITY GUIDELINES**

Effective from July 1, 2019 to June 30, 2020

	Free Meals - 130%					,	Reduced Price Meals - 185%					
	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	HOUSEHOLD SIZE	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 **EVERY TWO WEEKS** income by 26
- 4. An adult household member's signature.

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

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

ANNUAL INCOME COMPUTATION Multiply:

WEEKLY income by 52

TWICE MONTHLY income by 24

MONTHLY income by 12