

INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS OR FREE MILK
 (Effective July 1, 2008 through June 30, 2009)

Free Eligibility Scale
 Free Lunch, Breakfast, Milk

Reduced Price Eligibility Scale
 Reduced Price Lunch, Breakfast

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	13,520	1,127	564	520	260	1	19,240	1,604	802	740	370
2	18,200	1,517	759	700	350	2	25,900	2,159	1,080	997	499
3	22,880	1,907	954	880	440	3	32,560	2,714	1,357	1,253	627
4	27,560	2,297	1,149	1,060	530	4	39,220	3,269	1,635	1,509	755
5	32,240	2,687	1,344	1,240	620	5	45,880	3,824	1,912	1,765	883
6	36,920	3,077	1,539	1,420	710	6	52,540	4,379	2,190	2,021	1,011
7	41,600	3,467	1,734	1,600	800	7	59,200	4,934	2,467	2,277	1,139
8	46,280	3,857	1,929	1,780	890	8	65,860	5,489	2,745	2,534	1,267
For each additional family member add	4,680	390	195	180	90	For each additional family member add	6,660	555	278	257	129