CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP
INCOME ELIGIBILITY GUIDELINES
Effective from July 1, 2023 to June 30, 2024

	Free Meals - 130%					Reduced Price Meals - 185%					
	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY	
1	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519	1
2	**25,636**	**2,137**	**1,069**	**986**	**493**	**36,482**	**3,041**	**1,521**	**1,404**	**702**	**2**
3	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885	3
4	**39,000**	**3,250**	**1,625**	**1,500**	**750**	**55,500**	**4,625**	**2,313**	**2,135**	**1,068**	**4**
5	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251	5
6	**52,364**	**4,364**	**2,182**	**2,014**	**1,007**	**74,518**	**6,210**	**3,105**	**2,867**	**1,434**	**6**
7	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616	7
8	**65,728**	**5,478**	**2,739**	**2,528**	**1,264**	**93,536**	**7,795**	**3,898**	**3,598**	**1,799**	**8**
9	72,410	6,035	3,018	2,785	1,393	103,045	8,588	4,295	3,964	1,982	9
10	**79,092**	**6,592**	**3,297**	**3,042**	**1,522**	**112,554**	**9,381**	**4,692**	**4,330**	**2,165**	**10**
11	85,774	7,149	3,576	3,299	1,651	122,063	10,174	5,089	4,696	2,348	11
12	**92,456**	**7,706**	**3,855**	**3,556**	**1,780**	**131,572**	**10,967**	**5,486**	**5,062**	**2,531**	**12**
13	99,138	8,263	4,134	3,813	1,909	141,081	11,760	5,883	5,428	2,714	13
14	**105,820**	**8,820**	**4,413**	**4,070**	**2,038**	**150,590**	**12,553**	**6,280**	**5,794**	**2,897**	**14**
15	112,502	9,377	4,692	4,327	2,167	160,099	13,346	6,677	6,160	3,080	15
	6,682	557	279	257	129	9,509	793	397	366	183	

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

This Institution is an equal opportunity provider.