

## INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2017 through June 30, 2018)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

Household Size	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
1	\$22,311	\$1,860	\$859	\$930	\$430
2	\$30,044	\$2,504	\$1,156	\$1,252	\$578
3	\$37,777	\$3,149	\$1,453	\$1,575	\$727
4	\$45,510	\$3,793	\$1,751	\$1,897	\$876
5	\$53,243	\$4,437	\$2,048	\$2,219	\$1,024
6	\$60,976	\$5,082	\$2,346	\$2,541	\$1,173
7	\$68,709	\$5,726	\$2,643	\$2,863	\$1,322
8	\$76,442	\$6,371	\$2,941	\$3,186	\$1,471
For each additional family member, add	\$7,733	\$645	\$298	\$323	\$149