

**CHILD NUTRITION PROGRAMS - CACFP, NSLP, SBP, SFSP**  
**INCOME ELIGIBILITY GUIDELINES**  
*Effective from July 1, 2024 to June 30, 2025*

	Free Meals - 130%					Reduced Price Meals - 185%					
	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	BI-WEEKLY	WEEKLY	
1	19,578	1,632	816	753	377	27,861	2,322	1,161	1,072	536	1
2	<b>26,572</b>	<b>2,215</b>	<b>1,108</b>	<b>1,022</b>	<b>511</b>	<b>37,814</b>	<b>3,152</b>	<b>1,576</b>	<b>1,455</b>	<b>728</b>	<b>2</b>
3	33,566	2,798	1,399	1,291	646	47,767	3,981	1,991	1,838	919	3
4	<b>40,560</b>	<b>3,380</b>	<b>1,690</b>	<b>1,560</b>	<b>780</b>	<b>57,720</b>	<b>4,810</b>	<b>2,405</b>	<b>2,220</b>	<b>1,110</b>	<b>4</b>
5	47,554	3,963	1,982	1,829	915	67,673	5,640	2,820	2,603	1,302	5
6	<b>54,548</b>	<b>4,546</b>	<b>2,273</b>	<b>2,098</b>	<b>1,049</b>	<b>77,626</b>	<b>6,469</b>	<b>3,235</b>	<b>2,986</b>	<b>1,493</b>	<b>6</b>
7	61,542	5,129	2,565	2,367	1,184	87,579	7,299	3,650	3,369	1,685	7
8	<b>68,536</b>	<b>5,712</b>	<b>2,856</b>	<b>2,636</b>	<b>1,318</b>	<b>97,532</b>	<b>8,128</b>	<b>4,064</b>	<b>3,752</b>	<b>1,876</b>	<b>8</b>
9	75,530	6,295	3,148	2,905	1,453	107,485	8,958	4,479	4,135	2,068	9
10	<b>82,524</b>	<b>6,878</b>	<b>3,440</b>	<b>3,174</b>	<b>1,588</b>	<b>117,438</b>	<b>9,788</b>	<b>4,894</b>	<b>4,518</b>	<b>2,260</b>	<b>10</b>
11	89,518	7,461	3,732	3,443	1,723	127,391	10,618	5,309	4,901	2,452	11
12	<b>96,512</b>	<b>8,044</b>	<b>4,024</b>	<b>3,712</b>	<b>1,858</b>	<b>137,344</b>	<b>11,448</b>	<b>5,724</b>	<b>5,284</b>	<b>2,644</b>	<b>12</b>
13	103,506	8,627	4,316	3,981	1,993	147,297	12,278	6,139	5,667	2,836	13
14	<b>110,500</b>	<b>9,210</b>	<b>4,608</b>	<b>4,250</b>	<b>2,128</b>	<b>157,250</b>	<b>13,108</b>	<b>6,554</b>	<b>6,050</b>	<b>3,028</b>	<b>14</b>
15	117,494	9,793	4,900	4,519	2,263	167,203	13,938	6,969	6,433	3,220	15
	<b>6,994</b>	<b>583</b>	<b>292</b>	<b>269</b>	<b>135</b>	<b>9,953</b>	<b>830</b>	<b>415</b>	<b>383</b>	<b>192</b>	
<b>A. All applications qualified by income must have:</b> 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>B. All applications qualified by SNAP, TAFI or FDPIR number must have:</b> 1. Name of the child receiving benefits, a correct benefit number; and 2. An adult household member's signature.								<b>ANNUAL INCOME COMPUTATION</b> Multiply: <b>WEEKLY</b> income by 52 <b>EVERY TWO WEEKS</b> income by 26 <b>TWICE MONTHLY</b> income by 24 <b>MONTHLY</b> income by 12			

This Institution is an equal opportunity provider.