

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x52, Every 2 Weeks x26, Twice a Month x24, Monthly x

Total Income: \$ _____ Per: Week Bi Weekly Bi Monthly Monthly Year

Household size: _____ Free, based on Food Assistance/OWF Case #
 Household size & Income

Eligibility:

- Denied based on Income Too High
 Incomplete
 Invalid Case # or Information

Determining/Approval Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Guidelines to be effective from July 1, 2016 through June 30, 2017.

Households with incomes less than or equal to the reduced price values below are eligible for benefits.

Income Eligibility Guidelines

Household size	Yearly	Monthly	Bi-Monthly	Bi-Weekly	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
Each additional person:	5,408	451	226	208	104

