

Income Eligibility Guidelines for the Special Milk Program Pricing Plan with Free Milk Option July 1, 2019 to June 30, 2020

Eligibility determination is based on household size and income. Total income must be *at or below* the amounts in this table. This table is **for school use only** in application approval. Do not send to households. Do not post on your school website.

	Free				
House- hold Size	Yearly	Monthly	Twice per month	Bi- Weekly (Every 2 weeks)	Weekly
1	16,237	1,354	677	625	313
2	21,983	1,832	916	846	423
3	27,729	2,311	1,156	1,067	534
4	33,475	2,790	1,395	1,288	644
5	39,221	3,269	1,635	1,509	755
6	44,967	3,748	1,874	1,730	865
7	50,713	4,227	2,114	1,951	976
8	56,459	4,705	2,353	2,172	1,086
9	62,205	5,184	2,593	2,393	1,197
10	67,951	5,663	2,833	2,614	1,308
11	73,697	6,142	3,073	2,835	1,419
12	79,443	6,621	3,313	3,056	1,530
For Each Additional Household Member Add	5,746	479	240	221	111

Monthly = 12 pays/year; Twice per month = 24 pays/year; Bi-weekly (every 2 weeks) = 26 pays/year; Weekly = 52 pays/year