



**Virginia M. Barry**  
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**INCOME ELIGIBILITY GUIDELINES**  
**(Effective from July 1, 2012 to June 30, 2013)**

**FREE MEAL OR FREE MILK GUIDELINES**

**INCOME (Equal to or Less Than)**

<u>HOUSEHOLD SIZE</u>	<u>YEARLY</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
1	\$14,521	\$1,211	\$ 280
2	19,669	1,640	379
3	24,817	2,069	478
4	29,965	2,498	577
5	35,113	2,927	676
6	40,261	3,356	775
7	45,409	3,785	874
8	50,557	4,214	973
For each additional household member add	+5,148	+429	+99

**REDUCED PRICE MEAL GUIDELINES**

**INCOME (Equal to or Less Than)**

<u>HOUSEHOLD SIZE</u>	<u>YEARLY</u>	<u>MONTHLY</u>	<u>WEEKLY</u>
1	\$20,665	1,723	398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
For each additional household member add	+7,326	+ 611	+141

**Note:** The press release should contain both the free and reduced price scale. The letter to the parents for meal programs must only contain the reduced price scale. The letter to the parents for the Special Milk Program must only contain the free price scale.