



STATE OF NEW HAMPSHIRE
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INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2014 to June 30, 2015)

FREE MEAL OR FREE MILK GUIDELINES					
HOUSEHOLD SIZE	INCOME (Equal to or Less Than)				
	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks
1	\$ 15,171	\$1,265	\$ 292	\$ 633	\$ 584
2	20,449	1,705	394	853	787
3	25,727	2,144	495	1,072	990
4	31,005	2,584	597	1,292	1,193
5	36,283	3,024	698	1,512	1,396
6	41,561	3,464	800	1,732	1,599
7	46,839	3,904	901	1,952	1,802
8	52,117	4,344	1,003	2,172	2,005
For each additional Household member add	+ \$ 5,278	+ \$ 440	+ \$ 102	+ \$ 220	+ \$ 203

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.

2014-2015