

Frank Edelblut Commissioner Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 25 Hall Street Concord, NH 03301 TEL. (603) 271-3495 FAX (603) 271-1953

FEDERAL INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2024 to June 30, 2025)

FREE MEAL GUIDELINES (130%)								
	INCOME (Equal to or Less Than)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	<u>WEEKLY</u>	<u>Twice Per</u> <u>Month</u>	Every Two Weeks			
1	\$19,578	\$1,632	\$377	\$816	\$753			
2	26,572	2,215	511	1,108	1,022			
3	33,566	2,798	646	1,399	1,291			
4	40,560	3,380	780	1,690	1,560			
5	47,554	3,963	915	1,982	1,829			
6	54,548	4,546	1,049	2,273	2,098			
7	61,542	5,129	1,184	2,565	2,367			
8	68,536	5,712	1,318	2,856	2,636			
For each additional Household member add	+ \$ 6,994	+ \$ 583	+ \$ 135	+ \$ 292	+ \$ 269			

REDUCED PRICE MEAL GUIDELINES (185%)								
	INCOME (Equal to or Less Than)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks			
1	\$ 27,861	2,322	536	1,161	1,072			
2	37,814	3,152	728	1,576	1,455			
3	47,767	3,981	919	1,991	1,838			
4	57,720	4,810	1,110	2,405	2,220			
5	67,673	5,640	1,302	2,820	2,603			
6	77,626	6,469	1,493	3,235	2,986			
7	87,579	7,299	1,685	3,650	3,369			
8	97,532	8,128	1,876	4,064	3,752			
For each additional Household member add	+ \$ 9,953	+ \$830	+ \$ 192	+ \$ 415	+ \$ 383			

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. 2024-2025