

FOR APPROVING OFFICIAL ONLY

**ELIGIBILITY STANDARDS FOR FREE AND REDUCED-PRICE MEALS  
SY 2013-2014**

HOUSEHOLD SIZE	INCOME GUIDELINES FOR FREE MEALS					INCOME GUIDELINES FOR REDUCED-PRICE MEALS				
	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY	WEEKLY	EVERY TWO WEEKS	TWICE PER MONTH	MONTHLY	YEARLY
1	288	575	623	1,245	14,937	409	818	886	1,772	21,257
2	388	776	841	1,681	20,163	552	1,104	1,196	2,392	28,694
3	489	977	1,058	2,116	25,389	695	1,390	1,506	3,011	36,131
4	589	1,178	1,276	2,552	30,615	838	1,676	1,816	3,631	43,568
5	690	1,379	1,494	2,987	35,841	981	1,962	2,126	4,251	51,005
6	790	1,580	1,712	3,423	41,067	1,124	2,248	2,436	4,871	58,442
7	891	1,781	1,929	3,858	46,293	1,267	2,534	2,745	5,490	65,879
8	991	1,982	2,147	4,294	51,519	1,410	2,820	3,055	6,110	73,316
FOR EACH ADDITIONAL FAMILY MEMBER ADD	+101	+201	+218	+436	+5,226	+144	+287	+310	+620	+7,437

CONVERTING INCOME TO YEARLY:

Weekly x 52    Every 2 weeks x 26    Twice a month x 24    Monthly x 12

SNAP or TANF HOUSEHOLDS

1. Child(ren) names
2. SNAP or TANF case number of any household member
3. Signature of an adult household member

ALL OTHER HOUSEHOLDS

1. Child(ren) names
2. Names of ALL household members
3. Last 4 digits of Social Security Number (SSN) of adult who signs application.
4. The amount of income received by each household member, identified by source.
5. The frequency of how often the income was received.
6. No income box **must** be checked if no income is received from any source.
7. Signature of an adult household member

Georgia Department of Education  
Dr. John D. Barge, State School Superintendent  
July 2013

“This institution is an equal opportunity provider.”