

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2015 – June 30, 2016

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,177	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add	+5,408	+451	+226	+208	+104

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	+7,696	+642	+321	+296	+148

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.