



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

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INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2016 to June 30, 2017)

FREE MEAL OR FREE MILK GUIDELINES					
HOUSEHOLD SIZE	INCOME (Equal to or Less Than)				
	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks
1	\$15,444	\$1,287	\$ 297	\$ 644	\$ 594
2	20,826	1,736	401	868	801
3	26,208	2,184	504	1,092	1,008
4	31,590	2,633	608	1,317	1,215
5	36,972	3,081	711	1,541	1,422
6	42,354	3,530	815	1,765	1,629
7	47,749	3,980	919	1,990	1,837
8	53,157	4,430	1,023	2,215	2,045
For each additional Household member add	+ \$ 5,408	+ \$ 451	+ \$ 104	+ \$ 226	+ \$ 208

REDUCED PRICE MEAL GUIDELINES					
HOUSEHOLD SIZE	INCOME (Equal to or Less Than)				
	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks
1	\$21,978	\$1,832	\$ 423	\$ 916	\$ 846
2	29,637	2,470	570	1,235	1,140
3	37,296	3,108	718	1,554	1,435
4	44,955	3,747	865	1,874	1,730
5	52,614	4,385	1,012	2,193	2,024
6	60,273	5,023	1,160	2,512	2,319
7	67,951	5,663	1,307	2,832	2,614
8	75,647	6,304	1,455	3,152	2,910
For each additional Household member add	+ \$ 7,696	+ \$ 642	+ \$ 148	+ \$ 321	+ \$ 296

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.