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**INCOME ELIGIBILITY GUIDELINES**  
(Effective from July 1, 2018 to June 30, 2019)

<b>FREE MEAL OR FREE MILK GUIDELINES (130%)</b>					
<b>HOUSEHOLD SIZE</b>	<b>INCOME (Equal to or Less Than)</b>				
	<b>YEARLY</b>	<b>MONTHLY</b>	<b>WEEKLY</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>
1	\$ 15,782	\$1,316	\$ 304	\$ 658	\$ 607
2	21,398	1,784	412	892	823
3	27,014	2,252	520	1,126	1,039
4	32,630	2,720	628	1,360	1,255
5	38,246	3,188	736	1,594	1,471
6	43,862	3,656	844	1,828	1,687
7	49,478	4,124	952	2,062	1,903
8	55,094	4,592	1,060	2,296	2,119
For each additional Household member add	+ \$ 5,616	+ \$ 468	+ \$ 108	+ \$ 234	+ \$ 216

<b>REDUCED PRICE MEAL GUIDELINES (185%)</b>					
<b>HOUSEHOLD SIZE</b>	<b>INCOME (Equal to or Less Than)</b>				
	<b>YEARLY</b>	<b>MONTHLY</b>	<b>WEEKLY</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>
1	\$22,459	\$1,872	\$ 432	\$ 936	\$ 864
2	30,451	2,538	586	1,269	1,172
3	38,443	3,204	740	1,602	1,479
4	46,435	3,870	893	1,935	1,786
5	54,427	4,536	1,047	2,268	2,094
6	62,419	5,202	1,201	2,601	2,401
7	70,411	5,868	1,355	2,934	2,709
8	78,403	6,534	1,508	3,267	3,016
For each additional Household member add	+ \$ 7,992	+ \$ 666	+ \$ 154	+ \$ 333	+ \$ 308

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.

2018-2019