



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION

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Frank Edelblut  
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**INCOME ELIGIBILITY GUIDELINES**  
**(Effective from July 1, 2017 to June 30, 2018)**

<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	\$ 15,678	\$1,307	\$ 302	\$ 654	\$ 603
2	21,112	1,760	405	880	812
3	26,546	2,213	511	1,107	1,021
4	31,980	2,665	615	1,333	1,230
5	37,414	3,118	720	1,559	1,439
6	42,848	3,571	824	1,786	1,648
7	48,282	4,024	929	2,012	1,857
8	53,716	4,477	1,033	2,239	2,066
For each additional Household member add	+ \$ 5,434	+ \$ 453	+ \$ 105	+ \$ 227	+ \$ 209

<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	\$22,311	\$1,860	\$ 430	\$ 930	\$ 859
2	30,044	2,504	578	1,252	1,156
3	37,777	3,149	727	1,575	1,453
4	45,510	3,793	876	1,897	1,751
5	53,243	4,437	1,024	2,219	2,048
6	60,976	5,082	1,173	2,541	2,346
7	68,709	5,726	1,322	2,863	2,643
8	76,442	6,371	1,471	3,186	2,941
For each additional Household member add	+ \$ 7,733	+ \$ 645	+ \$ 149	+ \$ 323	+ \$ 298

**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.