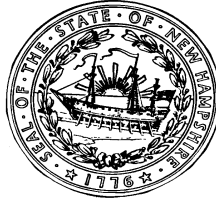


**Lyonel B. Tracy**  
 Commissioner  
 Department of Education  
 603-271-3144



**Mary S. Heath**  
 Deputy Commissioner  
 Department of Education  
 603-271-7031

STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF EDUCATION  
 101 Pleasant Street  
 Concord, NH 03301-3860  
 FAX 603-271-1953  
 Citizens Services Line 1-800-339-9900

**INCOME ELIGIBILITY GUIDELINES**  
**(Effective from July 1, 2009 to June 30, 2010)**

**FREE MEAL OR FREE MILK GUIDELINES**

**INCOME (Equal to or Less Than)**

<b><u>HOUSEHOLD SIZE</u></b>	<b><u>YEARLY</u></b>	<b><u>MONTHLY</u></b>	<b><u>WEEKLY</u></b>
1	\$14,079	\$1,174	\$ 271
2	18,941	1,579	365
3	23,803	1,984	458
4	28,665	2,389	552
5	33,527	2,794	645
6	38,389	3,200	739
7	43,251	3,605	832
8	48,113	4,010	926
For each additional household member add	+4,862	+406	+94

**REDUCED PRICE MEAL GUIDELINES**

**INCOME (Equal to or Less Than)**

<b><u>HOUSEHOLD SIZE</u></b>	<b><u>YEARLY</u></b>	<b><u>MONTHLY</u></b>	<b><u>WEEKLY</u></b>
1	\$20,036	\$1,670	\$ 386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional household member add	+6919	+ 577	+ 134

**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.