

Frank Edelblut Commissioner Christine M. Brennan Deputy Commissioner

STATE OF NEW HAMPSHIRE DEPARTMENT OF EDUCATION 25 Hall Street Concord, NH 03301 TEL. (603) 271-3495 FAX (603) 271-1953

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2023 to June 30, 2024)

FREE MEAL GUIDELINES (130%)								
	INCOME (Equal to or Less Than)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks			
1	\$18,954	1,580	365	\$790	\$729			
2	25,636	2,137	493	1,069	986			
3	32,318	2,694	622	1,347	1,243			
4	39,000	3,250	750	1,625	1,500			
5	45,682	3,807	879	1,904	1,757			
6	52,364	4,364	1,007	2,182	2,014			
7	59,046	4,921	1,136	2,461	2,271			
8	65,728	5,478	1,264	2,739	2,528			
For each additional Household member add	+ \$ 6,682	+ \$ 557	+ \$ 129	+ \$ 279	+ \$ 257			

REDUCED PRICE MEAL GUIDELINES (185%)								
	INCOME (Equal to or Less Than)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	WEEKLY	Twice Per Month	Every Two Weeks			
1	\$ 26,973	2,248	519	1,124	1,038			
2	36,482	3,041	702	1,521	1,404			
3	45,991	3,833	885	1,917	1,769			
4	55,500	4,625	1,068	2,313	2,135			
5	65,009	5,418	1,251	2,709	2,501			
6	74,518	6,210	1,434	3,105	2,867			
7	84,027	7,003	1,616	3,502	3,232			
8	93,536	7,795	1,799	3,898	3,598			
For each additional Household member add	+ \$ 9,509	+ \$793	+ \$ 183	+\$ 397	+ \$ 366			

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. 2023-2024