Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Household size	Yearly	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$26973.00	\$2248.00	\$1124.00	\$1038.00	\$519.00
2	\$36482.00	\$3041.00	\$1521.00	\$1404.00	\$702.00
3	\$45991.00	\$3833.00	\$1917.00	\$1769.00	\$885.00
4	\$55500.00	\$4625.00	\$2313.00	\$2135.00	\$1068.00
5	\$65009.00	\$5418.00	\$2709.00	\$2501.00	\$1251.00
6	\$74518.00	\$6210.00	\$3105.00	\$2867.00	\$1434.00
7	\$84027.00	\$7003.00	\$3502.00	\$3232.00	\$1616.00
8	\$93536.00	\$7795.00	\$3898.00	\$3598.00	\$1799.00
Each additional person	\$8339	\$700	\$350	\$320	\$162

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.