

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2020 – June 30, 2021

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	16,588	1,383	692	638	319
2	22,412	1,868	934	862	431
3	28,236	2,353	1,177	1,086	543
4	34,060	2,839	1,420	1,310	655
5	39,884	3,324	1,662	1,534	767
6	45,708	3,809	1,905	1,758	879
7	51,532	4,295	2,148	1,982	991
8	57,356	4,780	2,390	2,206	1,103
For each additional family member, add	+5,824	+486	+243	+224	+112

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add	+8,288	+691	+346	+319	+160

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.