

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2025 – June 30, 2026

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	20,345	1,696	848	783	392
2	27,495	2,292	1,146	1,058	529
3	34,645	2,888	1,444	1,333	667
4	41,795	3,483	1,742	1,608	804
5	48,945	4,079	2,040	1,883	942
6	56,095	4,675	2,338	2,158	1,079
7	63,245	5,271	2,636	2,433	1,217
8	70,395	5,867	2,934	2,708	1,354
For each additional family member, add	+7,150	+596	+298	+275	+138

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional family member, add	+10,175	+848	+424	+392	+196

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