Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2026 – June 30, 2027

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	20,748	1,729	865	798	399
2	28,132	2,345	1,173	1,082	541
3	35,516	2,960	1,480	1,366	683
4	42,900	3,575	1,788	1,650	825
5	50,284	4,191	2,096	1,934	967
6	57,668	4,806	2,403	2,218	1,109
7	65,052	5,421	2,711	2,502	1,251
8	72,436	6,037	3,019	2,786	1,393
For each additional family member, add	+7,384	+616	+308	+284	+142

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional family member, add	+10,508	+876	+438	+405	+203

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