

**FLORIDA INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS**

**Effective from July 1, 2008, to June 30, 2009**

Free Meal Scale is 130% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	13,520	1,127	564	520	260
2	18,200	1,517	759	700	350
3	22,880	1,907	954	880	440
4	27,560	2,297	1,149	1,060	530
5	32,240	2,687	1,344	1,240	620
6	36,920	3,077	1,539	1,420	710
7	41,600	3,467	1,734	1,600	800
8	46,280	3,857	1,929	1,780	890
Each additional family member, add	4,680	390	195	180	90
Reduced Meal Scale is 185% of Federal Poverty Level					
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	19,240	1,604	802	740	370
2	25,900	2,159	1,080	997	499
3	32,560	2,714	1,357	1,253	627
4	39,220	3,269	1,635	1,509	755
5	45,880	3,824	1,912	1,765	883
6	52,540	4,379	2,190	2,021	1,011
7	59,200	4,934	2,467	2,277	1,139
8	65,860	5,489	2,745	2,534	1,267
Each additional family member, add	6,660	555	278	257	129

**To determine annual income:**

- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

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