

DAY CARE CENTERS

INCOME ELIGIBILITY GUIDELINES FOR DETERMINING FREE AND REDUCED PRICE BENEFITS

Effective July 1, 2018 – June 30, 2019

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Household Size	Total Income									
	Annual		Monthly		Twice Per Month		Every Two Weeks		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,782	\$22,459	\$1,316	\$1,872	\$658	\$936	\$607	\$864	\$304	\$432
2	\$21,398	\$30,451	\$1,784	\$2,538	\$892	\$1,269	\$823	\$1,172	\$412	\$586
3	\$27,014	\$38,443	\$2,252	\$3,204	\$1,126	\$1,602	\$1,039	\$1,479	\$520	\$740
4	\$32,630	\$46,435	\$2,720	\$3,870	\$1,360	\$1,935	\$1,255	\$1,786	\$628	\$893
5	\$38,246	\$54,427	\$3,188	\$4,536	\$1,594	\$2,268	\$1,471	\$2,094	\$736	\$1,047
6	\$43,862	\$62,419	\$3,656	\$5,202	\$1,828	\$2,601	\$1,687	\$2,401	\$844	\$1,201
7	\$49,478	\$70,411	\$4,124	\$5,868	\$2,062	\$2,934	\$1,903	\$2,709	\$952	\$1,355
8	\$55,094	\$78,403	\$4,592	\$6,534	\$2,296	\$3,267	\$2,119	\$3,016	\$1,060	\$1,508
For each additional family member, add	+\$5,616	+\$7,992	+\$468	+\$666	+\$234	+\$333	+\$216	+\$308	+\$108	+\$154

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2018 – June 30, 2019.