

## **DAY CARE HOMES**

### INCOME ELIGIBILITY GUIDELINES FOR DETERMINING FREE AND REDUCED PRICE BENEFITS

Effective July 1, 2017 – June 30, 2018

Household Size	Total Income				
	Annual Reduced	Monthly Reduced	Twice Monthly Reduced	Every Two Weeks Reduced	Weekly Reduced
1	\$22,311	\$1,860	\$930	\$859	\$430
2	\$30,044	\$2,504	\$1,252	\$1,156	\$578
3	\$37,777	\$3,149	\$1,575	\$1,453	\$727
4	\$45,510	\$3,793	\$1,897	\$1,751	\$876
5	\$53,243	\$4,437	\$2,219	\$2,048	\$1,024
6	\$60,976	\$5,082	\$2,541	\$2,346	\$1,173
7	\$68,709	\$5,726	\$2,863	\$2,643	\$1,322
8	\$76,442	\$6,371	\$3,186	\$2,941	\$1,471
For each additional family member add:	+\$7,733	+\$645	+\$323	+\$298	+\$149