

DAY CARE HOMES

INCOME ELIGIBILITY GUIDELINES FOR DETERMINING FREE AND REDUCED PRICE BENEFITS

Effective July 1, 2018 – June 30, 2019

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No. of Household Members	Total Income				
	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional household member, add	+\$7,992	+\$666	+\$333	+\$308	+\$154

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