

INCOME ELIGIBILITY GUIDELINES
 (EFFECTIVE JULY 1, 2018 THROUGH JUNE 30, 2019)

Household Size	FREE MEALS - 130%					REDUCED PRICE MEALS - 185%				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$15,782	\$1,316	\$304	\$607	\$658	\$22,459	\$1,872	\$432	\$864	\$936
2	21,398	1,784	412	823	892	30,451	2,538	586	1,172	1,269
3	27,014	2,252	520	1,039	1,126	38,443	3,204	740	1,479	1,602
4	32,630	2,720	628	1,255	1,360	46,435	3,870	893	1,786	1,935
5	38,246	3,188	736	1,471	1,594	54,427	4,536	1,047	2,094	2,268
6	43,862	3,656	844	1,687	1,828	62,419	5,202	1,201	2,401	2,601
7	49,478	4,124	952	1,903	2,062	70,411	5,868	1,355	2,709	2,934
8	55,094	4,592	1,060	2,119	2,296	78,403	6,534	1,508	3,016	3,267
For each add'l person, add	+ 5,616	+ 468	+ 108	+ 216	+ 234	+ 7,992	+ 666	+ 154	+ 308	+ 333

REQUEST FOR INFORMATION

(Complete one form per family)

Please answer the question below by checking the appropriate box. The following information is a request adopted by the General Assembly in 2010 requiring school districts to determine whether or not all children in a family have health insurance.

Does each child in your family have healthcare insurance?

YES

NO

MO HealthNet (Medicaid) is considered healthcare insurance.

If NO is checked the school district will provide the Does Your Child Need Healthcare Coverage form for the family.

Completion of this form is not a condition of determining meal eligibility. The Free and Reduced Price Meals Family Application will be reviewed regardless of your response to this Request for Information.

Submit this request with your Free and Reduced Price School Meals Family Application or return to your school/school district.

Printed name of parent/guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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