

**INCOME-ELIGIBILITY GUIDELINES FOR SCHOOL YEAR 2023  
FOR FREE AND REDUCED-PRICE MEALS**

This is the income scale used by \_\_\_\_\_  
(School Food Authority)

to determine eligibility for free meals.

*(The Free Scale Should Not Be Distributed to Families)*

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	17,667	1,473	737	680	340
<b>2</b>	23,803	1,984	992	916	458
<b>3</b>	29,939	2,495	1,248	1,152	576
<b>4</b>	36,075	3,007	1,504	1,388	694
<b>5</b>	42,211	3,518	1,759	1,624	812
<b>6</b>	48,347	4,029	2,015	1,860	930
<b>7</b>	54,483	4,541	2,271	2,096	1,048
<b>8</b>	60,619	5,052	2,526	2,332	1,166
For each additional family member, add:	6,136	512	256	236	118

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	25,142	2,096	1,048	967	484
<b>2</b>	33,874	2,823	1,412	1,303	652
<b>3</b>	42,606	3,551	1,776	1,639	820
<b>4</b>	51,338	4,279	2,140	1,975	988
<b>5</b>	60,070	5,006	2,503	2,311	1,156
<b>6</b>	68,802	5,734	2,867	2,647	1,324
<b>7</b>	77,534	6,462	3,231	2,983	1,492
<b>8</b>	86,266	7,189	3,595	3,318	1,659
For each additional family member, add:	8,732	728	364	336	168

## SHARING INFORMATION WITH MEDICAID/SOONERCARE

---

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they **MAY** also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

---

**No! I DO NOT** want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked *No*, fill out the form below to ensure that your information is **NOT** shared for the child(ren) listed below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

---

For more information, you may call your child's school.

---