

## Income Eligibility Guidelines for Determining Free Milk Benefits

Effective from July 1, 2019 to June 30, 2020

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
	Free	Free	Free	Free	Free
1	\$16,237	\$1,354	\$677	\$625	\$313
2	\$21,983	\$1,832	\$916	\$846	\$423
3	\$27,729	\$2,311	\$1,156	\$1,067	\$534
4	\$33,475	\$2,790	\$1,395	\$1,288	\$644
5	\$39,221	\$3,269	\$1,635	\$1,509	\$755
6	\$44,967	\$3,748	\$1,874	\$1,730	\$865
7	\$50,713	\$4,227	\$2,114	\$1,951	\$976
8	\$56,459	\$4,705	\$2,353	\$2,172	\$1,086
9	\$62,205	\$5,184	\$2,593	\$2,393	\$1,197
10	\$67,951	\$5,663	\$2,833	\$2,614	\$1,308
11	\$73,697	\$6,142	\$3,073	\$2,835	\$1,419
12	\$79,443	\$6,621	\$3,313	\$3,056	\$1,530
<i>For each additional family member add:</i>					
	+ \$5,746	+ \$479	+ \$240	+ \$221	+ \$111