

## Instructions

### Income Eligibility Guidelines for Determining Free or Reduced-Price Benefits (H1625-A)

#### Distribution

These instructions not to be distributed with Form H1625-A.

Contracting entities, sites, and/or Day Care Home providers must give this form to Program participants annually and potential participants as needed. This form must be provided at the same time as the *CACFP Meal Benefit Income Eligibility* form, and as requested.

#### Form Retention

This form is updated annually by TDA. Keep each year's edition of Form H1625-A for three years from the end of the program year. **Exception:** If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

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**Income Eligibility Guidelines  
for Determining Free or Reduced-Price Benefits  
July 1, 2020 – June 30, 2021**

**Ingresos máximos para determinar la elegibilidad  
para beneficios gratuitos o a precio reducido  
1 de julio de 2020 - 30 de junio de 2021**

Children from households whose incomes are at or below the levels shown below, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced-price meals.

Adult Day Care participants whose household incomes are at or below the levels shown below, or who receive Medicaid, Supplemental Security Income (SSI), or SNAP benefits, are eligible for free or reduced-price meals.

Los niños de hogares con ingresos iguales o menores a los niveles que se muestran a continuación, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) califican para recibir comidas gratuitas o a precio reducido.

Las personas que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuación, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

<b>FAMILY SIZE</b>	<b>ANNUAL</b>	<b>MONTHLY</b>	<b>TWICE MONTHLY</b>	<b>BI-WEEKLY</b>	<b>WEEKLY</b>
1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member add:	\$8,288	\$691	\$346	\$319	\$160