

Income Eligibility Guidelines for Determining Free Milk Benefits

Effective from July 1, 2021 to June 30, 2022

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
	Free	Free	Free	Free	Free
1	\$16,744	\$1,396	\$698	\$644	\$322
2	\$22,646	\$1,888	\$944	\$871	\$436
3	\$28,548	\$2,379	\$1,190	\$1,098	\$549
4	\$34,450	\$2,871	\$1,436	\$1,325	\$663
5	\$40,352	\$3,363	\$1,682	\$1,552	\$776
6	\$46,254	\$3,855	\$1,928	\$1,779	\$890
7	\$52,156	\$4,347	\$2,174	\$2,006	\$1,003
8	\$58,058	\$4,839	\$2,420	\$2,233	\$1,117
For each additional family member add:					
	+\$5,902	+\$492	+\$246	+\$227	+\$114