

## Income Eligibility Guidelines for Determining Free Milk Benefits

Effective from July 1, 2026, to June 30, 2027

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
	Free	Free	Free	Free	Free
1	\$20,748	\$1,729	\$865	\$798	\$399
2	\$28,132	\$2,345	\$1,173	\$1,082	\$541
3	\$35,516	\$2,960	\$1,480	\$1,366	\$683
4	\$42,900	\$3,575	\$1,788	\$1,650	\$825
5	\$50,284	\$4,191	\$2,096	\$1,934	\$967
6	\$57,668	\$4,806	\$2,403	\$2,218	\$1,109
7	\$65,052	\$5,421	\$2,711	\$2,502	\$1,251
8	\$72,436	\$6,037	\$3,019	\$2,786	\$1,393
For each additional family member add:					
	\$7,384	\$616	\$308	\$284	\$142