

# Income Eligibility Guidelines for the Special Milk Program Pricing Plan with Free Milk Option

July 1, 2024 to June 30, 2025

Eligibility determination is based on household size and income. Total income must be *at or below* the amounts in this table.

This table is **for school use only** in application approval. Do not send to households. Do not post on your school website.

For more information, visit [Child Nutrition Programs: Income Eligibility Guidelines](#)

Eligible for Free Milk					
Household Size	Yearly	Monthly	Twice per month	Bi-Weekly (Every 2 weeks)	Weekly
1	19,578	1,632	816	753	377
2	26,572	2,215	1,108	1,022	511
3	33,566	2,798	1,399	1,291	646
4	40,560	3,380	1,690	1,560	780
5	47,554	3,963	1,982	1,829	915
6	54,548	4,546	2,273	2,098	1,049
7	61,542	5,129	2,565	2,367	1,184
8	68,536	5,712	2,856	2,636	1,318
9	75,530	6,295	3,148	2,905	1,453
10	82,524	6,878	3,440	3,174	1,588
11	89,518	7,461	3,732	3,443	1,723
12	96,512	8,044	4,024	3,712	1,858
For Each Additional Household Member Add	6,994	583	292	269	135

Monthly = 12 pays/year; Twice per month = 24 pays/year; Bi-weekly (every 2 weeks) = 26 pays/year; Weekly = 52 pays/year