



HDCFS Department
 Box 2218
 South Dakota State University
 Brookings, SD 57007
 (605) 688-5730 or 1-800-354-8238

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2008 to June 30, 2009)

Below are the income scales to be used to determine applicant's eligibility for free or reduced price meals if the family is at or below the guideline.

	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
Household Size	Reduced	Reduced	Reduced	Reduced	Reduced
1	\$19,240	\$1,604	\$740	\$802	\$370
2	\$25,900	\$2,159	\$997	\$1,080	\$499
3	\$32,560	\$2,714	\$1,253	\$1,357	\$627
4	\$39,220	\$3,269	\$1,509	\$1,635	\$755
5	\$45,880	\$3,824	\$1,765	\$1,912	\$883
6	\$52,540	\$4,379	\$2,021	\$2,190	\$1,011
7	\$59,200	\$4,934	\$2,277	\$2,467	\$1,139
8	\$65,860	\$5,489	\$2,534	\$2,745	\$1,267
For each additional family member, add	\$6,660	\$555	\$257	\$278	\$129

NOTE TO LOCAL AGENCY OFFICIALS:

When making a determination, the frequency of the current income should be compared to the respective scale above (weekly income should be compared to the weekly scale above). When income is from more than one frequency, each should be converted to monthly income and added together.

To convert weekly income to monthly income, multiply weekly income by 4.33. To convert bi-weekly income to monthly income, multiply bi-weekly income by 2.15.

Instructions for farm/self-employed people are included in parent letter and the guidance for completing the application.

The agency should verify any questionable applications.