***For SFSP Camp or Closed Enrolled Sites ONLY**

(For SFSP Determining Official's Use Only)

USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

July 1, 2010 - June 30, 2011

FREE/REDUCED

HOW OFTEN INCOME WAS RECEIVED (frequency)					
Family Size:	**Year**	**Month**	**Twice Per Month**	**Every Two Weeks**	**Week**
1	$20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
Each Additional Member Add:	+6,919	+577	+289	+267	+134

INSTRUCTIONS FOR CERTIFYING SFSP APPLICATIONS

1. If all income is received on the same schedule (frequency), DO NOT convert to annual income.
EXAMPLE: $100/month (alimony) + $300/month (social security) = $400 monthly

2. If family reports income sources in more than one schedule (frequency), it MUST be converted to annual income.
EXAMPLE: $100/every 2 weeks (alimony) + $300/month (social security) = (100x26) + (300x12) = $6200 annually

CONVERSION FACTORS:
Yearly Income = **Monthly x 12**
Yearly Income = **Twice Per Month x 24**
Yearly Income = **Every Two Weeks x 26**
Yearly Income = **Weekly x 52**

DO NOT round the values resulting from each conversion.

*Applications MUST be complete in order for benefits to be awarded. Below are the different types of applications and the components that must be present in order for them to be complete.

1. Case Number Application:
- child's name
- case number (8 digits or less)
- adult signature

2. Foster Child Application:
- child's name
- box checked for foster child
- adult signature

3. Income Application:
- child's name
- names of all household members
- income of all household members (or "No Income")
- frequency income is received
- adult signature
- last 4 digits of social security # of signer (or "No SSN")