

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES

FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2024 – June 30, 2025

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	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
For each additional family member, add	+6,994	+583	+292	+269	+135

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	+9,953	+830	+415	+383	+192

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.