

# INCOME ELIGIBILITY GUIDELINES FOR DETERMINING FREE MILK BENEFITS JULY 1, 2011- JUNE 30, 2012

FAMILY SIZE	ANNUALLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
	FREE	FREE	FREE	FREE	FREE
1	\$14,157	\$1,180	\$590	\$545	\$273
2	\$19,123	\$1,594	\$797	\$736	\$368
3	\$24,089	\$2,008	\$1,004	\$927	\$464
4	\$29,055	\$2,422	\$1,211	\$1,118	\$559
5	\$34,021	\$2,836	\$1,418	\$1,309	\$655
6	\$38,987	\$3,249	\$1,625	\$1,500	\$750
7	\$43,953	\$3,663	\$1,832	\$1,691	\$846
8	\$48,919	\$4,077	\$2,039	\$1,882	\$941
9	\$53,885	\$4,491	\$2,246	\$2,073	\$1,037
10	\$58,851	\$4,905	\$2,453	\$2,264	\$1,133
11	\$63,817	\$5,319	\$2,660	\$2,455	\$1,229
12	\$68,783	\$5,733	\$2,867	\$2,646	\$1,325
For each additional household member add: \$4,966		\$414	\$207	\$191	\$96