



2025-26 Application for Income Eligibility (return completed form to the school)
This application may not be used for School Nutrition Program Meal Eligibility Determinations.

List ALL Children in the household

Children in the Household: Any infant, child or student up to 12th grade that lives in your household. Household Member: Anyone who lives with you who shares income and expenses, even if not related.

Child's First Name	MI	Child's Last Name	School	Grade	Student Y/N

Report Income for ALL Household Members

Child Income: Sometimes children in the household earn income.

Total income earned by all Child Household Members \$ _____

Circle one: Per Week Bi-Weekly 2 X Month Monthly Yearly

Adult Income (including yourself): List ALL Household Members not listed above even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars. If they do not receive income, write "0".

First and Last Name of Adult Household Members	Income: Earnings from Work, Public Assistance, Child Support, Alimony, Pension, Retirement, All Other Income	Per Week, Bi-Weekly, 2 X Month, Monthly, or Yearly

Total Household Members (Children and Adults) _____

Contact Information and Adult Signature

"I certify (promise) that all information on this application is true and that all income is reported."

Mailing Address	City	State	Zip Code	Phone

Printed Name of Adult Completing the Form	Signature of Adult Completing the Form	Date

INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2025 through June 30, 2026)

If more than one income is reported, all income should be converted to a yearly figure before a determination is made.

The conversion formula is as follows:

Monthly x 12

Twice a Month x 24

Every Two Weeks x 26

Weekly x 52

Household Size	Free Meals – 130%					Reduced-Price Meals – 185%				
	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly	Annual	Monthly	Twice a Month	Every Two Weeks	Weekly
1	\$20,345	\$1,696	\$848	\$783	\$392	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$27,495	\$2,292	\$1,146	\$1,058	\$529	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$34,645	\$2,888	\$1,444	\$1,333	\$667	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$41,795	\$3,483	\$1,742	\$1,608	\$804	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$48,945	\$4,079	\$2,040	\$1,883	\$942	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$56,095	\$4,675	\$2,338	\$2,158	\$1,079	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$63,245	\$5,271	\$2,636	\$2,433	\$1,217	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$70,395	\$5,867	\$2,934	\$2,708	\$1,354	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member, add	\$7,150	\$596	\$298	\$275	\$138	\$10,175	\$848	\$424	\$392	\$196

Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620-2501

This institution is an equal opportunity provider.