Volunteer Health Care Provider Program 2024 Federal Poverty Guidelines 48 Contiguous States and D.C.

	200%	200%
	Poverty	Monthly
Family	Annual	Income
Size	Threshold	
1	\$30,120	\$2,510
2	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
6	\$83,920	\$6,993
7	\$94,680	\$7,890
8	\$105,440	\$8,787
9	\$116,200	\$9,683
10	\$126,960	\$10,580
For each additional person, add \$5,380		

SOURCE: Federal Register: January 24, 2024

Compiled by Chris Gainous Volunteer Health Services Florida Department of Health

1/25/2024