

Volunteer Health Care Provider Program

2024 Federal Poverty Guidelines

48 Contiguous States and D.C.

Family Size	200% Poverty Annual Threshold	200% Monthly Income	150% Monthly Income	125% Monthly Income	100% Monthly Income
1	\$30,120	\$2,510	\$1,883	\$1,569	\$1,255
2	\$40,880	\$3,407	\$2,555	\$2,129	\$1,703
3	\$51,640	\$4,303	\$3,228	\$2,690	\$2,151
4	\$62,400	\$5,200	\$3,900	\$3,250	\$2,600
5	\$73,160	\$6,097	\$4,573	\$3,810	\$3,048
6	\$83,920	\$6,993	\$5,245	\$4,371	\$3,496
7	\$94,680	\$7,890	\$5,918	\$4,931	\$3,945
8	\$105,440	\$8,787	\$6,590	\$5,492	\$4,393
9	\$116,200	\$9,683	\$6,963	\$5,802	\$4,841
10	\$126,960	\$10,580	\$7,605	\$6,338	\$5,289
For each additional person add:	\$10,760	\$897	\$642	\$560	\$448