

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

Family Size	300% Poverty Annual Threshold	300% Monthly Income	200% Monthly Income	150% Monthly Income	125% Monthly Income	100% Monthly Income
1	\$45,180	\$3,765	\$2,510	\$1,883	\$1,569	\$1,255
2	\$61,320	\$5,110	\$3,407	\$2,555	\$2,129	\$1,703
3	\$77,460	\$6,455	\$4,303	\$3,228	\$2,690	\$2,151
4	\$93,600	\$7,800	\$5,200	\$3,900	\$3,250	\$2,600
5	\$109,740	\$9,145	\$6,097	\$4,573	\$3,810	\$3,048
6	\$125,880	\$10,490	\$6,993	\$5,245	\$4,371	\$3,496
7	\$142,020	\$11,835	\$7,890	\$5,918	\$4,931	\$3,945
8	\$158,160	\$13,180	\$8,787	\$6,590	\$5,492	\$4,393
For each additional person add:	\$16,140	\$1,345	\$897	\$672	\$560	\$448

SOURCE: Federal Register: January 24, 2024

Compiled by Chris Gainous
Volunteer Health Services
Florida Department of Health

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