



## Volunteer Health Care Provider Program 2017 Federal Poverty Guidelines

Family Size	Annual	Annual	Monthly	Monthly	Monthly	Monthly
	100%	200%	200%	150%	125%	100%
1	\$12,060	\$24,120	\$2,010	\$1,508	\$1,256	\$1,005
2	\$16,240	\$32,480	\$2,707	\$2,030	\$1,692	\$1,353
3	\$20,420	\$40,840	\$3,403	\$2,553	\$2,127	\$1,702
4	\$24,600	\$49,200	\$4,100	\$3,075	\$2,563	\$2,050
5	\$28,780	\$57,560	\$4,797	\$3,598	\$2,998	\$2,398
6	\$32,960	\$65,920	\$5,493	\$4,120	\$3,433	\$2,747
7	\$37,140	\$74,280	\$6,190	\$4,643	\$3,869	\$3,095
8	\$41,320	\$82,640	\$6,887	\$5,165	\$4,304	\$3,443
9	\$45,500	\$91,000	\$7,583	\$5,688	\$4,740	\$3,792
10	\$49,680	\$99,360	\$8,280	\$6,210	\$5,175	\$4,140
For each additional person over the family size of 10, add						
	\$4,180	\$8,360	\$697	\$523	\$435	\$348

SOURCE: Federal Register: January 31, 2017  
New Levels go into effect as of January 31, 2017

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