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| **Volunteer Health Care Provider Program** |
| **2017 Federal Poverty Guidelines** **48 Contiguous States and D.C.** |

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| Family Size | 200%Monthly Income |
| 1 | $2,010  |
| 2 | $2,707  |
| 3 | $3,403  |
| 4 | $4,100  |
| 5 | $4,797  |
| 6 | $5,493  |
| 7 | $6,190  |
| 8 | $6,887  |
| 9 | $7,583  |
|  10 | $8,280  |
|  |  |
| For each additional |   |
| person, add | $697 |

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| SOURCE: Federal Register: January 31, 2017New Levels went into effect as of January 31, 2017Compiled by:Christopher P. Gainous,Supervisor, Volunteer Health ServicesHealth Resources and Access SectionBureau of Community Health AssessmentDivision of Public Health and Performance Mgt.Florida Department of Health |