

Monthly Income Chart

Federal Poverty Level Guidelines
HIV/AIDS Patient Care Programs
2009-2010

Household Size	A		B		Medicare	C		D		E		F		G	
	100%		101-150%		135-150%	151-200%		201-250%		251-300%		301-350%		351-400%	
1	\$903	<	\$912	\$1,219	<	\$1,364	<	\$1,814	<	\$2,267	<	\$2,717	<	\$3,170	
1	<		\$1,355	\$1,355		\$1,806		\$2,258		\$2,709		\$3,161		\$3,612	
2	\$1,214	<	\$1,226	\$1,639	<	\$1,833	<	\$2,439	<	\$3,047	<	\$3,653	<	\$4,261	
2	<		\$1,821	\$1,821		\$2,428		\$3,035		\$3,642		\$4,249		\$4,856	
3	\$1,526	<	\$1,541	\$2,060	<	\$2,304	<	\$3,066	<	\$3,830	<	\$4,592	<	\$5,356	
3	<		\$2,289	\$2,289		\$3,052		\$3,815		\$4,578		\$5,341		\$6,104	
4	\$1,838	<	\$1,856	\$2,481	<	\$2,775	<	\$3,693	<	\$4,613	<	\$5,531	<	\$6,451	
4	<		\$2,757	\$2,757		\$3,676		\$4,595		\$5,514		\$6,433		\$7,352	
5	\$2,149	<	\$2,170	\$2,901	<	\$3,245	<	\$4,318	<	\$5,394	<	\$6,467	<	\$7,543	
5	<		\$3,224	\$3,224		\$4,298		\$5,373		\$6,447		\$7,522		\$8,596	
6	\$2,461	<	\$2,486	\$3,322	<	\$3,716	<	\$4,946	<	\$6,177	<	\$7,407	<	\$8,638	
6	<		\$3,692	\$3,692		\$4,922		\$6,153		\$7,383		\$8,614		\$9,844	
7	\$2,773	<	\$2,801	\$3,744	<	\$4,187	<	\$5,573	<	\$6,960	<	\$8,346	<	\$9,733	
7	<		\$4,160	\$4,160		\$5,546		\$6,933		\$8,319		\$9,706		\$11,092	
8	\$3,084	<	\$3,115	\$4,163	<	\$4,657	<	\$6,198	<	\$7,741	<	\$9,282	<	\$10,825	
8	<		\$4,626	\$4,626		\$6,168		\$7,710		\$9,252		\$10,794		\$12,336	
9	\$3,396	<	\$3,430	\$4,585	<	\$5,128	<	\$6,825	<	\$8,524	<	\$10,221	<	\$11,920	
9	<		\$5,094	\$5,094		\$6,792		\$8,490		\$10,188		\$11,886		\$13,584	
10	\$3,708	<	\$3,745	\$5,006	<	\$5,599	<	\$7,452	<	\$9,307	<	\$11,160	<	\$13,015	
10	<		\$5,562	\$5,562		\$7,416		\$9,270		\$11,124		\$12,978		\$14,832	

Any patient whose household total gross monthly income is above the amount shown in Column G is not eligible.

Annual Income Chart

Poverty Level Guidelines
 HIV/AIDS Patient Care Programs
 2009-2010

Household Size	A		B		Medicare	C		D		E		F		G	
	100%		101-150%		135-150%	151-200%		201-250%		251-300%		301-350%		351-400%	
1	\$10,830	<	\$10,938		\$14,621	<	\$16,353	<	\$21,767	<	\$27,183		\$32,597	<	\$38,013
1		<	\$16,245		\$16,245		\$21,660		\$27,075		\$32,490	+	\$37,905		\$43,320
2	\$14,570	<	\$14,716		\$19,670	<	\$22,001	<	\$29,285	<	\$36,571		\$43,855	<	\$51,141
2		<	\$21,855		\$21,855		\$29,140		\$36,425		\$43,710	+	\$50,995		\$58,280
3	\$18,310	<	\$18,493		\$24,719	<	\$27,648	<	\$36,802	<	\$45,958		\$55,112	<	\$64,268
3		<	\$27,465		\$27,465		\$36,620		\$45,775		\$54,930	+	\$64,085		\$73,240
4	\$22,050	<	\$22,271		\$29,768	<	\$33,296	<	\$44,320	<	\$55,346		\$66,370	<	\$77,396
4		<	\$33,075		\$33,075		\$44,100		\$55,125		\$66,150	+	\$77,175		\$88,200
5	\$25,790	<	\$26,048		\$34,817	<	\$38,943	<	\$51,837	<	\$64,733		\$77,627	<	\$90,523
5		<	\$38,685		\$38,685		\$51,580		\$64,475		\$77,370	+	\$90,265		\$103,160
6	\$29,530	<	\$29,825		\$39,866	<	\$44,590	<	\$59,354	<	\$74,120		\$88,884	<	\$103,650
6		<	\$44,295		\$44,295		\$59,060		\$73,825		\$88,590	+	\$103,355		\$118,120
7	\$33,270	<	\$33,603		\$44,915	<	\$50,238	<	\$66,872	<	\$83,508		\$100,142	<	\$116,778
7		<	\$49,905		\$49,905		\$66,540		\$83,175		\$99,810	+	\$116,445		\$133,080
8	\$37,010	<	\$37,380		\$49,964	<	\$55,885	<	\$74,389	<	\$92,895		\$111,399	<	\$129,905
8		<	\$55,515		\$55,515		\$74,020		\$92,525		\$111,030	+	\$129,535		\$148,040
9	\$40,750	<	\$41,158		\$55,013	<	\$61,533	<	\$81,907	<	\$102,283		\$122,657	<	\$143,033
9		<	\$61,125		\$61,125		\$81,500		\$101,875		\$122,250	+	\$142,625		\$163,000
10	\$44,490	<	\$44,935		\$60,062	<	\$67,180	<	\$89,424	<	\$111,670		\$133,914	<	\$156,160
10		<	\$66,735		\$66,735		\$88,980		\$111,225		\$133,470	+	\$155,715		\$177,960

Any patient whose household total gross annual income is above the amount shown in Column G is not eligible.