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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, 2017  New Levels went into effect as of January 31, 2017  Compiled by:  Christopher P. Gainous,  Supervisor, Volunteer Health Services  Health Resources and Access Section  Bureau of Community Health Assessment  Division of Public Health and Performance Mgt.  Florida Department of Health |