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| **Volunteer Health Care Provider Program****2018 Federal Poverty Guidelines** |
| **Family Size** | **Annual** | **Annual**  | **Monthly** | **Monthly** | **Monthly** | **Monthly** |
| **100%** | **200%** | **200%** | **150%** | **125%** | **100%** |
| **1** | $12,140 | $24,280  | $2,023  | $1,518  | $1,265  | $1,012  |
| **2** | $16,460 | $32,920  | $2,743  | $2,058  | $1,715  | $1,372  |
| **3** | $20,780 | $41,560  | $3,463  | $2,598  | $2,165  | $1,732  |
| **4** | $25,100 | $50,200  | $4,183  | $3,138  | $2,615  | $2,092  |
| **5** | $29,420 | $58,840  | $4,903  | $3,678  | $3,065  | $2,452  |
| **6** | $33,740 | $67,480  | $5,623  | $4,218  | $3,515  | $2,812  |
| **7** | $38,060 | $76,120  | $6,343  | $4,758  | $3,965  | $3,172  |
| **8** | $42,380 | $84,760  | $7,063  | $5,298  | $4,415  | $3,532  |
| **9** | $46,700 | $93,400  | $7,783  | $5,838  | $4,865  | $3,892  |
| **10** | $51,020 | $102,040  | $8,503  | $6,378  | $5,315  | $4,252  |
| For each additionalperson over the family size of 10, add |  |
| $4,320 | $8,640 | $720 | $540 | $450 | $360 |
| SOURCE: Federal Register: January 13, 2018New Levels go into effect as of January 13, 2018Compiled 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 |