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| **Volunteer Health Care Provider Program****2019 Federal Poverty Guidelines** |
| **Family Size** |  | **Annual**  | **Monthly** |  |  |  |
|  | **200%** | **200%** |  |  |  |
| **1** |  | $24,980 | $2,082 |  |  |  |
| **2** |  | $33,820 | $2,818 |  |  |  |
| **3** |  | $42,660 | $3,555 |  |  |  |
| **4** |  | $51,500 | $4,292 |  |  |  |
| **5** |  | $60,340 | $5,028 |  |  |  |
| **6** |  | $69,180 | $5,765 |  |  |  |
| **7** |  | $78,020 | $6,502 |  |  |  |
| **8** |  | $86,860 | $7,238 |  |  |  |
| **9** |  | $95,700 | $7,975 |  |  |  |
| **10** |  | $104,540 | $8,712 |  |  |  |
| For each additionalperson over the family size of 10, add |  |
|  | $8,840 | $737 |  |  |  |
| SOURCE: Federal Register: January 11, 2019New Levels go into effect as of January 11, 2019Compiled 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 |