



DOH 342-034 Jan 2023

## INCOME ELIGIBILITY TABLES

Effective January 20, 2023 – January 31, 2024

These tables determine income eligibility for the Breast, Cervical and Colon Health Program based on Federal Poverty Level (FPL):

Gross Yearly Income		
Family Size	250% FPL	300% FPL
1	\$36,450	\$43,740
2	\$49,300	\$59,160
3	\$62,150	\$74,580
4	\$75,000	\$90,000
5	\$87,850	\$105,420
6	\$100,700	\$120,840
7	\$113,550	\$136,260
8	\$126,400	\$151,680
8+ Add per each additional member	\$12,850	\$15,420

Gross Monthly Income		
Family Size	250% FPL	300% FPL
1	\$3,038	\$3,645
2	\$4,108	\$4,930
3	\$5,179	\$6,215
4	\$6,250	\$7,500
5	\$7,321	\$8,785
6	\$8,392	\$10,070
7	\$9,463	\$11,355
8	\$10,533	\$12,640
8+ Add per each additional member	\$1,071	\$1,285

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).