

2024 Poverty Guidelines
INCOME ASSESSMENT FORMT



Name: _____

As you know, much of the funding for our clinic comes from federal government grants. These grants help us to provide you with multiple services. In order to make sure of continued funding it would be helpful if you could fill out the information below. To guarantee individual privacy, the information requested will be grouped to represent our clinic as a whole before reporting to federal agencies. Thank you for your support and cooperation.

Number of Adults 18 or older living in your household: _____

Total number in Family Unit: _____

Number of Children under 18 living in your household: _____

Total Monthly Household Income: _____

Size of Family Unit	100 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	200 Percent of Poverty	300 Percent of Poverty
1	15,060.00	18,825.00	22,590.00	26,355.00	30,120.00	45,180.00
2	20,440.00	25,550.00	30,660.00	35,770.00	40,880.00	61,320.00
3	25,820.00	32,275.00	38,730.00	45,185.00	51,640.00	77,460.00
4	31,200.00	39,000.00	46,800.00	54,600.00	62,400.00	93,600.00
5	36,580.00	45,725.00	54,870.00	64,015.00	73,160.00	109,740.00
6	41,960.00	52,450.00	62,940.00	73,430.00	83,920.00	125,880.00
7	47,340.00	59,175.00	71,010.00	82,845.00	94,680.00	142,020.00