



INCOME ELIGIBILITY TABLES

Effective January 12, 2022 – January 31, 2023

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 | \$33,975 | \$40,770 |
| 2 | \$45,775 | \$54,930 |
| 3 | \$57,575 | \$69,090 |
| 4 | \$69,375 | \$83,250 |
| 5 | \$81,175 | \$97,410 |
| 6 | \$92,975 | \$111,570 |
| 7 | \$104,775 | \$125,730 |
| 8 | \$116,575 | \$139,890 |
| 8+ Add per each additional member | \$11,800 | \$14,160 |

| Gross Monthly Income | | |
|---|----------|----------|
| Family Size | 250% FPL | 300% FPL |
| 1 | \$2,831 | \$3,398 |
| 2 | \$3,815 | \$4,578 |
| 3 | \$4,798 | \$5,758 |
| 4 | \$5,781 | \$6,938 |
| 5 | \$6,765 | \$8,118 |
| 6 | \$7,748 | \$9,298 |
| 7 | \$8,731 | \$10,478 |
| 8 | \$9,715 | \$11,658 |
| 8+ Add per each additional member | \$983 | \$1,180 |

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