



**Alabama Ryan White HIV/AIDS Program (RWHAP) Part B Income Eligibility Guidelines
For ADAP, Insurance Assistance, Enhanced Plus, and Part B Services
[Effective from January 16, 2024]
Federal Poverty Level (FPL) 400%**



know.
manage.
live.

Household Size	Annual Poverty Guideline (100% FPL)	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$15,060	\$60,240.00	\$5,020.00	\$2,510.00	\$2,316.92	\$1,158.46
2	\$20,440	\$81,760.00	\$6,813.33	\$3,406.67	\$3,144.62	\$1,572.31
3	\$25,820	\$103,280.00	\$8,606.67	\$4,303.33	\$3,972.31	\$1,986.15
4	\$31,200	\$124,800.00	\$10,400.00	\$5,200.00	\$4,800.00	\$2,400.00
5	\$36,580	\$146,320.00	\$12,193.33	\$6,096.67	\$5,627.69	\$2,813.85
6	\$41,960	\$167,840.00	\$13,986.67	\$6,993.33	\$6,455.38	\$3,227.69
7	\$47,340	\$189,360.00	\$15,780.00	\$7,890.00	\$7,283.08	\$3,641.54
8	\$52,720	\$210,880.00	\$17,573.33	\$8,786.67	\$8,110.77	\$4,055.38
≥9*	\$58,100	\$232,400.00	\$19,366.67	\$9,683.33	\$8,938.46	\$4,469.23

Source: January 16, 2024. See <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Note: All amounts over a dollar round up to the next whole dollar.

* For each additional family member, add this amount to the 400% FPL for a household size of eight. For example, the 400% FPL income eligibility limit for a family size of 10 with the client paid every two weeks (e.g., every other Friday) would be calculated by adding \$827.69 for each family member above 8 (\$8,110.77) as follows:

$$\$8,110.77 \text{ (family size 8)} + \$827.69 \text{ (added for first additional family member)} + \$827.69 \text{ (added for second additional family member)} = \$9,766.15.$$

To claim a dependent, the applicant must provide more than one half of all financial support for the dependant and the dependant must reside with the applicant.

Effective 1.16.2024