



**Alabama Ryan White HIV/AIDS Program (RWHAP) Part B Income Eligibility Guidelines**  
**For ADAP, Insurance Assistance, Enhanced Plus, and Part B Services**  
**(Effective January 15, 2025)**  
**Federal Poverty Level (FPL) 400%**



know.  
manage.  
live.

Household Size	Annual FPL (100% FPL)	Annual (Yearly)	Monthly	Twice per month	Every 2 weeks	Weekly
<b>1</b>	\$15,650.00	\$62,600.00	\$5,216.67	\$2,608.34	\$2,407.69	\$1,203.84
<b>2</b>	21,150.00	\$84,600.00	\$7,050.00	\$3,525.00	\$3,253.85	\$1,626.92
<b>3</b>	26,650.00	\$106,600.00	\$8,883.33	\$4,441.67	\$4,100.00	\$2,050.00
<b>4</b>	32,150.00	\$128,600.00	\$10,716.67	\$5,358.33	\$4,946.15	\$2,473.08
<b>5*</b>	\$37,650.00	\$150,600.00	\$12,550.00	\$6,275.00	\$5,792.31	\$2,896.15

\*If more than 5 dependents, add \$5,500 to the 100% FPL, for each additional person. Then, multiply that amount by 4, for 400% FPL  
 Ex: 6 deps 37650 + 5500 = \$43,150  
 $\times 4 = \$172,600/12 = \underline{\$14,383.33}$  is monthly max. income for the client + 5 dependents he/she supports

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.