



**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 13, 2021]
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	\$12,880	\$51,520.00	\$4,293.33	\$2,146.67	\$1,981.54	\$990.77
2	\$17,420	\$69,680.00	\$5,806.67	\$2,903.33	\$2,680.00	\$1,340.00
3	\$21,960	\$87,840.00	\$7,320.00	\$3,660.00	\$3,378.46	\$1,689.23
4	\$26,500	\$106,000.00	\$8,833.33	\$4,416.67	\$4,076.92	\$2,038.46
5	\$31,040	\$124,160.00	\$10,346.67	\$5,173.33	\$4,775.38	\$2,387.69
6	\$35,580	\$142,320.00	\$11,860.00	\$5,930.00	\$5,473.85	\$2,736.92
7	\$40,120	\$160,480.00	\$13,373.33	\$6,686.67	\$6,172.31	\$3,086.15
8	\$44,660	\$178,640.00	\$14,886.67	\$7,443.33	\$6,870.77	\$3,435.38
>9*	\$4,540	\$18,160.00	\$1,513.33	\$756.67	\$698.46	\$349.23

Source: January 13, 2021. See <https://aspe.hhs.gov/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 \$698.46 for each family member above 8 (\$6,870.77) as follows:

$$\$6,870.77 \text{ (family size 8)} + \$698.46 \text{ (added for first additional family member)} + \$698.46 \text{ (added for second additional family member)} = \$8,267.69.$$

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 1.22.2021

