



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, 2023]
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	\$14,580	\$58,320.00	\$4,860.00	\$2,430.00	\$2,243.08	\$1,121.54
2	\$19,720	\$78,880.00	\$6,573.33	\$3,286.67	\$3,033.85	\$1,516.92
3	\$24,860	\$99,440.00	\$8,286.67	\$4,143.33	\$3,824.62	\$1,912.31
4	\$30,000	\$120,000.00	\$10,000.00	\$5,000.00	\$4,615.38	\$2,307.69
5	\$35,140	\$140,560.00	\$11,713.33	\$5,856.67	\$5,406.15	\$2,703.08
6	\$40,280	\$161,120.00	\$13,426.67	\$6,713.33	\$6,196.92	\$3,098.46
7	\$45,420	\$181,680.00	\$15,140.00	\$7,570.00	\$6,987.69	\$3,493.85
8	\$50,560	\$202,240.00	\$16,853.33	\$8,426.67	\$7,778.46	\$3,889.23
≥9*	\$55,700	\$222,800.00	\$18,566.67	\$9,283.33	\$8,569.23	\$4,284.62

Source: January 13, 2023. 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 \$790.77 for each family member above 8 (7778.46) as follows:

$$\$7,778.46 \text{ (family size 8)} + \$790.77 \text{ (added for first additional family member)} + \$790.77 \text{ (added for second additional family member)} = \$9,360.00.$$

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 1.13.2023