



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 12, 2022]
☑ Federal Poverty Level(FPL) 400%☑



Household Size	Annual Poverty Guideline (100% FPL)	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$13,590	\$54,360.00	\$4,530.00	\$2,265.00	\$2,090.77	\$1,045.38
2	\$18,310	\$73,240.00	\$6,103.33	\$3,051.67	\$2,816.92	\$1,408.46
3	\$23,030	\$92,120.00	\$7,676.67	\$3,838.33	\$3,543.08	\$1,771.54
4	\$27,750	\$111,000.00	\$9,250.00	\$4,625.00	\$4,269.23	\$2,134.62
5	\$32,470	\$129,880.00	\$10,823.33	\$5,411.67	\$4,995.38	\$2,497.69
6	\$37,190	\$148,760.00	\$12,396.67	\$6,198.33	\$5,721.54	\$2,860.77
7	\$41,910	\$167,640.00	\$13,970.00	\$6,985.00	\$6,447.69	\$3,223.85
8	\$46,630	\$186,520.00	\$15,543.33	\$7,771.67	\$7,173.85	\$3,586.92
≥9*	\$4,720	\$18,880.00	\$1,573.33	\$786.67	\$726.15	\$363.08

Source: January 12, 2022. 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 \$726.15 for each family member above 8 (\$7,173.85) as follows:

$$\$7,173.85 \text{ (family size 8)} + \$726.15 \text{ (added for first additional family member)} + \$726.15 \text{ (added for second additional family member)} = \$8,626.15.$$

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 1.12.2022

