

## 2025 FEDERAL HHS POVERTY GUIDELINES [48 States]

Fee per Visit	\$0	\$5	\$10	\$15	\$20	\$25	\$30
Poverty Level	100%	138%	150%	200%	300%	400%	500%
Family Size	Income At or Below	Income At or Below	Income At or Below	Income At or Below	Income At or Below	Income At or Below	Income At or Below
1	\$15,650	\$21,597	\$23,475	\$31,300	\$46,950	\$62,600	\$78,250
2	\$21,150	\$29,187	\$31,725	\$42,300	\$63,450	\$84,600	\$105,750
3	\$26,650	\$36,777	\$39,975	\$53,300	\$79,950	\$106,600	\$133,250
4	\$32,150	\$44,367	\$48,225	\$64,300	\$96,450	\$128,600	\$160,750
5	\$37,650	\$51,957	\$56,475	\$75,300	\$112,950	\$150,600	\$188,250
6	\$43,150	\$59,547	\$64,725	\$86,300	\$129,450	\$172,600	\$215,750
7	\$48,650	\$67,137	\$72,975	\$97,300	\$145,950	\$194,600	\$243,250
8	\$54,150	\$74,727	\$81,225	\$108,300	\$162,450	\$216,600	\$270,750

\*If more than 8 in a household/family, add \$5,500 per additional person