2026 FEDERAL HHS POVERTY GUIDELINES

Fee/Visit	$0	$5	$10	$15	$20	$25	$30
Poverty Level	100 %	135 %	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	$15,960	$21,546	$23,940	$31,920	$47,880	$63,840	$79,800
2	$21,640	$29,214	$32,460	$43,280	$64,920	$86,560	$108,200
3	$27,320	$36,882	$40,980	$54,640	$81,960	$109,280	$136,600
4	$33,000	$44,550	$49,500	$66,000	$99,000	$132,000	$165,000
5	$38,680	$52,218	$58,020	$77,360	$116,040	$154,720	$193,400
6	$44,360	$59,886	$66,540	$88,720	$133,080	$177,440	$221,800
7	$50,040	$67,554	$75,606	$100,080	$150,120	$200,160	$250,200
8	$55,720	$75,222	$83,580	$111,440	$167,160	$222,880	$278,600

*If more than 8 in a household/family, add $5,680 per additional person