



**APPENDIX A**

**ALLOWABLE FAMILY INCOME SCALE**

Effective 3/1/2008

The Allowable Family Income level for participation in the Children with Special Health Care Needs Program is 200% of the Federal Poverty Level.

**Monthly Income**

Family Size	100%	133%	150%	185%	200%	220%
1	\$867	\$1,153	\$1,300	\$1,604	\$1,734	\$1,907
2	\$1,167	\$1,552	\$1,750	\$2,159	\$2,334	\$2,567
3	\$1,467	\$1,951	\$2,200	\$2,713	\$2,934	\$3,227
4	\$1,767	\$2,350	\$2,650	\$3,269	\$3,534	\$3,887
5	\$2,067	\$2,749	\$3,100	\$3,824	\$4,134	\$4,547
6	\$2,367	\$3,148	\$3,550	\$4,379	\$4,734	\$5,207
7	\$2,667	\$3,547	\$4,000	\$4,934	\$5,334	\$5,867
8	\$2,967	\$3,946	\$4,450	\$5,489	\$5,934	\$6,527
9	\$3,267	\$4,345	\$4,900	\$6,044	\$6,534	\$7,187
10	\$3,566	\$4,743	\$5,349	\$6,597	\$7,132	\$7,845

Note for each additional family member add \$300

**Annual Income**

Family Size	100%	133%	150%	185%	200%	220%
1	\$10,400	\$13,832	\$15,600	\$19,240	\$20,800	\$22,880
2	\$14,000	\$18,620	\$21,000	\$25,900	\$28,000	\$30,800
3	\$17,600	\$23,408	\$26,400	\$32,560	\$35,200	\$38,720
4	\$21,200	\$28,196	\$31,800	\$39,220	\$42,400	\$46,640
5	\$24,800	\$32,984	\$37,200	\$45,880	\$49,600	\$54,560
6	\$28,400	\$37,772	\$42,600	\$52,540	\$56,800	\$62,480
7	\$32,000	\$42,560	\$48,000	\$59,200	\$64,000	\$70,400
8	\$35,600	\$47,348	\$53,400	\$65,860	\$71,200	\$78,320
9	\$39,200	\$52,136	\$58,800	\$72,520	\$78,400	\$86,240
10	\$42,800	\$56,924	\$64,200	\$79,180	\$85,600	\$94,160

Note for each additional family member add \$3,600