

GEORGIA BREAST AND CERVICAL CANCER PROGRAM

PROGRAM ELIGIBILITY INCOME GUIDELINES

200% of Federal Poverty Guidelines

Effective March 1, 2015

Family Size	Monthly Income	Annual Income
1	1,962	23,540
2	2,655	31,860
3	3,348	40,180
4	4,042	48,500
5	4,735	56,820
6	5,428	65,140
7	6,122	73,460
8	6,815	81,780

For family units with more than 8 members, add \$8,320 (\$693/mo) to the yearly income for each additional family member.