

# Georgia Breast and Cervical Cancer Program

## GEORGIA BREAST AND CERVICAL CANCER PROGRAM

### PROGRAM ELIGIBILITY INCOME GUIDELINES

#### 200% of Federal Poverty Level

Effective April 1, 2017

Family Size	Monthly Income	Annual Income
1	\$2,010	\$24,120
2	2,706	32,480
3	3,403	40,840
4	4,100	49,200
5	4,796	57,560
6	5,493	65,920
7	6,190	74,280
8	6,886	82,640

For family units with more than 8 members, add \$8,280 (\$690) to the yearly income for each additional family member.