

**Cuyahoga County Board of Health
 Cleveland Transitional Grant Area
 Ryan White Part A Program
 2024 Monthly Federal Poverty Level Income Guidelines (per month)**

Persons in Household	100% FPL	138% FPL	300% FPL	400% FPL	500% FPL*
1	\$ 1,255.00	\$ 1,731.90	\$ 3,765.00	\$ 5,020.00	\$ 6,275.00
2	\$ 1,703.33	\$ 2,350.60	\$ 5,110.00	\$ 6,813.33	\$ 8,516.67
3	\$ 2,151.67	\$ 2,969.30	\$ 6,455.00	\$ 8,606.67	\$ 10,758.33
4	\$ 2,600.00	\$ 3,588.00	\$ 7,800.00	\$ 10,400.00	\$ 13,000.00
5	\$ 3,048.33	\$ 4,206.70	\$ 9,145.00	\$ 12,193.33	\$ 15,241.67
6	\$ 3,496.67	\$ 4,825.40	\$ 10,490.00	\$ 13,986.67	\$ 17,483.33
7	\$ 3,945.00	\$ 5,444.10	\$ 11,835.00	\$ 15,780.00	\$ 19,725.00
8	\$ 4,393.33	\$ 6,062.80	\$ 13,180.00	\$ 17,573.33	\$ 21,966.67

*Ryan White clients cannot exceed 500% FPL.

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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