GA Volunteer Health Care Program 2009 Federal Poverty Guidelines					
Family Size	**48 Contiguous States and D.C.**	**Monthly 100%**	**Monthly 125%**	**Monthly 150%**	**Monthly 200%**
1	$10,830	$ 903	$ 1,128	$1,354	$1,805
2	$14,570	$1,214	$ 1,518	$1,821	$2,428
3	$18,310	$1,526	$ 1,907	$2,289	$3,052
4	$22,050	$1,838	$ 2,297	$2,756	$3,675
5	$25,790	$2,149	$ 2,686	$3,224	$4,298
6	$29,530	$2,461	$ 3,076	$3,691	$4,922
7	$33,270	$2,773	$ 3,466	$4,159	$5,545
8	$37,010	$3,084	$ 3,855	$4,626	$6,168
For each additional person, add	$3,740	$312	$390	$468	$623

SOURCE: *Federal Register*, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201