## COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES MY HEALTH LA COMMUNITY PARTNERS

## 138% FEDERAL POVERTY LEVEL (FPL)

(Effective April 1, 2018 through March 31, 2019)

FAMILY MEMBERS LIVING IN THE HOME	TOTAL MONTHLY INCOME MAXIMUM 2
1	at or below \$ 1,397
2	at or below \$ 1,893
3	at or below \$ 2,390
4	at or below \$ 2,887
5	at or below \$ 3,384
6	at or below \$ 3,881
7	at or below \$ 4,377
8	at or below \$ 4,874
9	at or below \$ 5,371
10	at or below \$ 5,868
11	at or below \$ 6,365
12	at or below \$ 6,861

More than 12 Members

For each additional member, add \$ 497

1 Include unborn in family size.

## <sup>2</sup> For ATP, <u>all deductions are eliminated</u>:

- \$90 per working person.
- Child Care
- Medical Insurance expenses, and
- · Alimony/Child Support Paid