

**COCONINO COUNTY HEALTH & HUMAN SERVICES**  
**DENTAL VOUCHER PROGRAM INCOME REQUIREMENTS FOR 2020**



**Gross household income must be at or below 200% of the Federal Poverty Level**

**(Gross = income before taxes or deductions)**

**MONTHLY INCOME**

<b>FAMILY SIZE</b>	<b>200% FPL</b>
<b>1</b>	\$2,127
<b>2</b>	\$2,873
<b>3</b>	\$3,620
<b>4</b>	\$4,367
<b>5</b>	\$5,113
<b>6</b>	\$5,860
<b>7</b>	\$6,607
<b>8</b>	\$7,353

For Family units of more than 8 members, add \$373 for each additional member.

**ANNUAL INCOME**

<b>FAMILY SIZE</b>	<b>200% FPL</b>
<b>1</b>	\$25,520
<b>2</b>	\$34,480
<b>3</b>	\$43,440
<b>4</b>	\$52,400
<b>5</b>	\$61,360
<b>6</b>	\$70,320
<b>7</b>	\$79,280
<b>8</b>	\$88,240

For Family units of more than 8 members, add \$4,480 for each additional member.