

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

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

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

ANNUAL INCOME

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

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