



FY 2025 Cancer State Aid (CSA)
Poverty Income Guideline
Effective July 1, 2024 through June 30, 2025

Chart lists 250% of the Federal Poverty Limit as used to by CSA

HHS Poverty Guidelines X 250%			
Persons in Family	Monthly Income	Annual Income	8B (1/2 Annual Income)
1	\$3,138	\$37,650	\$18,825
2	\$4,258	\$51,100	\$25,550
3	\$5,379	\$64,550	\$32,275
4	\$6,500	\$78,000	\$39,000
5	\$7,621	\$91,450	\$45,725
6	\$8,742	\$104,900	\$52,450
7	\$9,863	\$118,350	\$59,175
8	\$10,983	\$131,800	\$65,900

For families/households with more than 8 persons, add \$5,380 to the annual income for each additional family member, then divide by 12 to obtain the monthly income limit.

Source: [Federal Register: Annual Update of the HHS Poverty Guidelines](https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines)
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Contact Cancer State Aid at 404-463-5111 or visit our website at
<https://dph.georgia.gov/cancer-aid> for additional information.