COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES COMMUNITY PARTNERS MY HEALTH LA 138% FEDERAL POVERTY LEVEL

(Effective April 1, 2021 through March 31, 2022)

FAMILY MEMBERS LIVING IN THE HOME ¹	TOTAL MONTHLY INCOME MAXIMUM		
1	at or below \$ 1,482		
□ 2	at or below \$ 2,004		
□ 3	at or below \$ 2,526		
□ 4	at or below \$ 3,048		
□ 5	at or below \$ 3,570		
□ 6	at or below \$ 4,092		
□ 7	at or below \$ 4,614		
□ 8	at or below \$ 5,136		
□ 9	at or below \$ 5,658		
□ 10	at or below \$ 6,181		
1 1	at or below \$ 6,703		
□ 12	at or below \$ 7,225		

More than 12 Members

For each additional member, add \$ 523

1	Include unb	orn in fam	ily size.	
(ER\FPL138-:	3-9-21)			