

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES**  
**COMMUNITY PARTNERS**  
**ABILITY-TO-PAY PLAN APPLICATION – MY HEALTH LA**  
**138% FEDERAL POVERTY LEVEL**

**(Effective April 1, 2015 through March 31, 2016)**

<b>FAMILY MEMBERS LIVING IN THE HOME <sup>1</sup></b>	<b>TOTAL MONTHLY INCOME MAXIMUM <sup>2</sup></b>
<input type="checkbox"/> 1	at or below \$ 1,354
<input type="checkbox"/> 2	at or below \$ 1,832
<input type="checkbox"/> 3	at or below \$ 2,311
<input type="checkbox"/> 4	at or below \$ 2,789
<input type="checkbox"/> 5	at or below \$ 3,268
<input type="checkbox"/> 6	at or below \$ 3,746
<input type="checkbox"/> 7	at or below \$ 4,224
<input type="checkbox"/> 8	at or below \$ 4,703
<input type="checkbox"/> 9	at or below \$ 5,181
<input type="checkbox"/> 10	at or below \$ 5,660
<input type="checkbox"/> 11	at or below \$ 6,138
<input type="checkbox"/> 12	at or below \$ 6,616

More than 12 Members

For each additional member, add \$ 479

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<sup>1</sup> Include unborn in family size.

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

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