Monthly Gross Income Guidelines for SOBRA Medicaid and ALL Kids Valid Beginning February 1, 2014



## If your child is under age 19 and uninsured, APPLY TODAY.

## Eligibility is determined by family size and income.

To determine the program for which your child MAY qualify:

- Find your family size (include legal parent(s), children (natural and adopted) and unborn children.
- Find your income. Include all household members' income.
- Look at the top of the column for the program name.

Family Size	Children under 19 Years			
	Monthly		Annual	
	Medicaid	ALL Kids	Medicaid	ALL Kids
1	0-\$1,420	\$1,421-\$3,083	0-\$17,039	\$17,040-\$36,994
2	0-\$1,914	\$1,915-\$4,156	0-\$22,966	\$22,967-\$49,865
3	0-\$2,408	\$2,409-\$5,228	0-\$28,894	\$28,895-\$62,735
4	0-\$2,902	\$2,903-\$6,301	0-\$34,821	\$34,822-\$75,605
5	0-\$3,396	\$3,397-\$7,373	0-\$40,749	\$40,750-\$88,475

## THESE ARE THE GUIDELINES Deductions may be take off your gross (before taxes) monthly income for:

ncome for: retu pag

- Alimony paid
- Student loan interest

NOTE: If self-employed, send in your entire current personal tax return, signed, including both pages of the schedule "C" or "F".

## APPLY Online: adph.org

For more information or to have an application mailed to you, call toll-free: 1-888-373-5437 (se habla español) ALL KIDS IS ADMINISTERED BY THE ALABAMA DEPARTMENT OF PUBLIC HEALTH