

SLIDING FEE PROGRAM ELIGIBILITY 2026



Whitman-Walker Health (WWH) is a Federally Qualified Health Center (FQHC). As a FQHC, WWH provides discounted and free health care services to patients who have incomes below 200% of the Federal Poverty Level (FPL), taking into consideration family size. Patients of the health center will not be refused essential services based on an inability to pay. You can determine whether you may qualify for Whitman-Walker Health's Sliding Fee Discount Program based on the 2026 FPL displayed below:

2026 FEDERAL POVERTY GUIDELINES

ANNUAL FIGURES

Size of Family Unit	Annual Federal Poverty Level - 100%	Monthly Federal Poverty Level - 100%	Annual Federal Poverty Level - 200%	Monthly Federal Poverty Level - 200%
1	\$15,960	\$1,330	\$31,920	\$2,660
2	\$21,640	\$1,803	\$43,280	\$3,607
3	\$27,320	\$2,277	\$54,640	\$4,553
4	\$33,000	\$2,750	\$66,000	\$5,500
5	\$38,680	\$3,223	\$77,360	\$6,447
6	\$44,360	\$3,697	\$88,720	\$7,393
7	\$50,040	\$4,170	\$100,080	\$8,340
8	\$55,720	\$4,643	\$111,440	\$9,287
For additional family members, add:	\$5,680	\$473	\$11,360	\$947

Under District of Columbia law, Whitman-Walker Health must make its services available to all people in the community. Whitman-Walker Health is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.

2026 SLIDING FEE DISCOUNT PROGRAM INCOME THRESHOLDS

0 - 200% FEDERAL POVERTY LEVEL (FPL)

ANNUAL FIGURES

Size of Family Unit	100% FPL Annual Income Threshold	0-100%	101 - 125%	126 - 150%	151 - 175%	176 - 200%	Above 200%
1	\$15,960	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921+
2	\$21,640	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281+
3	\$27,320	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641+
4	\$33,000	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001+
5	\$38,680	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361+
6	\$44,360	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721+
7	\$50,040	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081+
8	\$55,720	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441+
For additional family members, add:	\$5,680	\$5,680	\$7,100	\$8,520	\$9,940	\$11,360	-

MONTHLY FIGURES

Size of Family Unit	100% FPL Monthly Income Threshold	0-100%	101 - 125%	126 - 150%	151 - 175%	176 - 200%	Above 200%
1	\$1,330	\$0 - \$1,330	\$1,331 - \$1,663	\$1,634 - \$1,995	\$1,996 - \$2,326	\$2,372 - \$2,660	\$2,661+
2	\$1,803	\$0 - \$1,803	\$1,804 - \$2,254	\$2,255 - \$2,705	\$2,706 - \$3,157	\$3,158 - \$3,608	\$3,609+
3	\$2,277	\$0 - \$2,277	\$2,278 - \$2,847	\$2,848 - \$3,415	\$3,416 - \$3,984	\$3,985 - \$4,554	\$4,555+
4	\$2,750	\$0 - \$2,750	\$2,751 - \$3,438	\$3,439 - \$4,125	\$4,126 - \$4,813	\$4,814 - \$5,500	\$5,501+
5	\$3,223	\$0 - \$3,223	\$3,224 - \$4,029	\$4,030 - \$4,835	\$4,836 - \$5,641	\$5,642 - \$6,446	\$6,447+
6	\$3,697	\$0 - \$3,697	\$3,698 - \$4,621	\$4,622 - \$5,545	\$5,546 - \$6,469	\$6,470 - \$7,394	\$7,395+
7	\$4,170	\$0 - \$4,170	\$4,171 - \$5,213	\$5,214 - \$6,225	\$6,226 - \$7,298	\$7,299 - \$8,340	\$8,341+
8	\$4,643	\$0 - \$4,643	\$4,644 - \$5,804	\$5,805 - \$6,965	\$6,966 - \$8,126	\$8,127 - \$9,287	\$9,288+
For additional family members, add:	\$473	\$473	\$591	\$710	\$829	\$948	-