



Department of Health

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# Rhode Island Department of Health WOMEN'S CANCER SCREENING PROGRAM

## Family Size and Eligibility Income Level 2024

Size of Family	Annual	Monthly	Weekly
1	\$37,650	\$3,138	\$724
2	\$51,100	\$4,258	\$983
3	\$64,550	\$5,379	\$1,241
4	\$78,000	\$6,500	\$1,500
5	\$91,450	\$7,621	\$1,759
6	\$104,900	\$8,742	\$2,017
7	\$118,350	\$9,863	\$2,276
8	\$131,800	\$10,983	\$2,535

The Department of Health does not require proof of income or financial status; however, if a patient is referred for services not covered by the Women's Cancer Screening Program (WCSP) the facility providing these non-covered services may require proof of income. For questions regarding income eligibility, please call 222-4324. The WCSP distributes revised income guidelines to WCSP providers each year when the Federal Poverty Levels are established. Please continue to the income levers from the previous fiscal year to determine WCSP eligibility until you receive the revised income guidelines from the WCSP.

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