



Department of Health

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# Rhode Island Department of Health Breast & Cervical Cancer Screening Program Family Size and Eligibility Income Level

## 2026

Size of Family	Annual	Monthly	Weekly
1	\$39,900	\$3,325	\$753
2	\$54,100	\$4,508	\$1,121
3	\$68,300	\$5,692	\$1,289
4	\$82,500	\$6,875	\$1,557
5	\$96,700	\$8,058	\$1,824
6	\$110,900	\$9,242	\$2,092
7	\$125,100	\$10,425	\$2,360
8	\$139,300	\$11,608	\$2,628

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 Breast & Cervical Cancer Screening Program (BCCSP) the facility providing these non-covered services may require proof of income. For questions regarding income eligibility, please call 222-4324. The BCCSP distributes revised income guidelines to BCCSP providers each year when the Federal Poverty Levels are established. Please continue to the income levels from the previous fiscal year to determine BCCSP eligibility until you receive the revised income guidelines from the BCCSP.

February 2026

