

	District/Section	Family Support
	Chapter No./Name	4 – Economic Stability (ES)
	Part No./Name	M – Kinship Care Subsidy Program
	Section No./Name	M-400-KCSP Kinship Care Poverty Guidelines
	Document No./Name	M-410-KCSP Poverty Guidelines
	Effective Date	March 1, 2026

I. STATEMENT OF POLICY

To qualify for payment through the KCSP program, the family’s annual income must be less than 150% of the federal poverty threshold, in accordance with the size of the family applying for the subsidy. The federal poverty guidelines are updated annually.

The following chart represents 150% of the federal poverty guidelines converted to a monthly amount.

Family Size	150% of Poverty Level
1	\$1,995
2	\$2,705
3	\$3,415
4	\$4,125
5	\$4,835
6	\$5,545
7	\$6,255
8	\$6,965
Add	\$710 per additional person

II. PROCEDURES

Total the family income (children and other family members) and compare to 150% of the Poverty Level for the family size to determine whether the family meets the family income test.

III. FORMS AND INSTRUCTIONS

KCSP 2 [Form](#) / [Instructions](#) Kinship Care Subsidy Program Budget Worksheet

IV. REFERENCES

<https://aspe.hhs.gov/poverty-guidelines>

[LAC 67:III.5329](#)