

**NUECES COUNTY HOSPITAL DISTRICT
INDIGENT HEALTH CARE PROGRAM**

ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE

Approved Scale

Effective March 1, 2009

2009 HHS POVERTY GUIDELINES											NCHD pays
10,830	14,570	18,310	22,050	25,790	29,530	33,270	37,010	40,750	44,490		
SIZE OF HOUSEHOLD											
1	2	3	4	5	6	7	8	9	1*		
MONTHLY GROSS FAMILY INCOME	0 to 903	0 to 1214	0 to 1526	0 to 1838	0 to 2149	0 to 2461	0 to 2773	0 to 3084	0 to 3396	Add 312	100%
	904 to 993	1215 to 1336	1527 to 1678	1839 to 2021	2150 to 2364	2462 to 2707	2774 to 3050	3085 to 3393	3397 to 3735	Add 343	90%
	994 to 1083	1337 to 1457	1679 to 1831	2022 to 2205	2365 to 2579	2708 to 2953	3051 to 3327	3394 to 3701	3736 to 4075	Add 374	80%
	1084 to 1173	1458 to 1578	1832 to 1984	2206 to 2389	2580 to 2794	2954 to 3199	3328 to 3604	3702 to 4009	4076 to 4415	Add 405	70%
	1174 to 1264	1579 to 1700	1985 to 2136	2390 to 2573	2795 to 3009	3200 to 3445	3605 to 3882	4010 to 4318	4416 to 4754	Add 437	60%
	1265 to 1354	1701 to 1821	2137 to 2289	2574 to 2756	3010 to 3224	3446 to 3691	3883 to 4159	4319 to 4626	4755 to 5094	Add 467	50%

GROSS FAMILY INCOME (monthly)

*Add the amounts shown in last column for each additional family member of household if size of household exceeds 9 members.

This schedule is restated in Dollars for the use and convenience of NCHD staff.