

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

ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE
Approved Scale
Effective March 1, 2017

2017 HHS POVERTY GUIDELINES										NCHD pays	
12,060	16,240	20,420	24,600	28,780	32,960	37,140	41,320	45,500	49,680		
SIZE OF HOUSEHOLD											
1	2	3	4	5	6	7	8	9	1*		
MONTHLY GROSS FAMILY INCOME	0 to 1005	0 to 1353	0 to 1702	0 to 2050	0 to 2398	0 to 2747	0 to 3095	0 to 3443	0 to 3792	Add 348	100%
	1006 to 1106	1354 to 1489	1703 to 1872	2051 to 2255	2399 to 2638	2748 to 3021	3096 to 3405	3444 to 3788	3793 to 4171	Add 383	90%
	1107 to 1206	1490 to 1624	1873 to 2042	2256 to 2460	2639 to 2878	3022 to 3296	3406 to 3714	3789 to 4132	4172 to 4550	Add 418	80%
	1207 to 1307	1625 to 1759	2043 to 2212	2461 to 2665	2879 to 3118	3297 to 3571	3715 to 4024	4133 to 4476	4551 to 4929	Add 453	70%
	1308 to 1387	1760 to 1868	2213 to 2348	2666 to 2829	3119 to 3310	3572 to 3790	4025 to 4271	4477 to 4752	4930 to 5233	Add 480	60%
	1388 to 1508	1869 to 2030	2349 to 2553	2830 to 3075	3311 to 3598	3791 to 4120	4272 to 4643	4753 to 5165	5234 to 5688	Add 522	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.