

NUECES COUNTY HOSPITAL DISTRICT  
 INDIGENT HEALTH CARE PROGRAM

ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE  
 Approved Scale  
 Effective March 1, 2020

2020 HHS POVERTY GUIDELINES											NCHD pays
12,760	17,240	21,720	26,200	30,680	35,160	39,640	44,120	48,600	53,080		
SIZE OF HOUSEHOLD											
1	2	3	4	5	6	7	8	9	1*		
M O N T H L Y  G R O S S  F A M I L Y  I N C O M E	0 to 1063	0 to 1437	0 to 1810	0 to 2183	0 to 2557	0 to 2930	0 to 3303	0 to 3677	0 to 4050	Add 373	100%
	1064 to 1170	1438 to 1580	1811 to 1991	2184 to 2402	2558 to 2812	2931 to 3223	3304 to 3634	3678 to 4044	4051 to 4455	Add 411	90%
	1171 to 1276	1581 to 1724	1992 to 2172	2403 to 2620	2813 to 3068	3224 to 3516	3635 to 3964	4045 to 4412	4456 to 4860	Add 448	80%
	1277 to 1382	1725 to 1868	2173 to 2353	2621 to 2838	3069 to 3324	3517 to 3809	3965 to 4294	4413 to 4780	4861 to 5265	Add 486	70%
	1383 to 1467	1869 to 1983	2354 to 2498	2839 to 3013	3325 to 3528	3810 to 4043	4295 to 4559	4781 to 5074	5266 to 5589	Add 515	60%
	1468 to 1595	1984 to 2155	2499 to 2715	3012 to 3275	3529 to 3835	4044 to 4395	4560 to 4955	5075 to 5515	5590 to 6075	Add 560	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.