

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

**ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE
 Approved Scale
 Effective March 1, 2018**

2018 HHS POVERTY GUIDELINES											NCHD pays
12,140	16,460	20,780	25,100	29,420	33,740	38,060	42,380	46,700	51,020		
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 1012	0 to 1372	0 to 1732	0 to 2092	0 to 2452	0 to 2812	0 to 3172	0 to 3532	0 to 3892	Add 360	100%
	1013 to 1113	1373 to 1509	1733 to 1905	2093 to 2301	2453 to 2697	2813 to 3093	3173 to 3489	3533 to 3885	3893 to 4281	Add 396	90%
	1114 to 1214	1510 to 1646	1906 to 2078	2302 to 2510	2698 to 2942	3094 to 3374	3490 to 3806	3886 to 4238	4282 to 4670	Add 432	80%
	1215 to 1315	1647 to 1783	2079 to 2251	2511 to 2719	2943 to 3187	3375 to 3655	3807 to 4123	4239 to 4591	4671 to 5059	Add 468	70%
	1316 to 1396	1784 to 1893	2252 to 2390	2720 to 2887	3188 to 3383	3656 to 3880	4124 to 4377	4592 to 4874	5060 to 5371	Add 496	60%
	1397 to 1518	1894 to 2058	2391 to 2598	2888 to 3138	3384 to 3678	3881 to 4218	4378 to 4758	4875 to 5298	5372 to 5838	Add 540	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.