

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

**ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE**

**Approved Scale  
Effective March 1, 2015**

		2015 HHS POVERTY GUIDELINES									NCHD pays	
		11,770	15,930	20,090	24,250	28,410	32,570	36,730	40,890	45,050		49,210
		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 981	0 to 1328	0 to 1674	0 to 2021	0 to 2368	0 to 2714	0 to 3061	0 to 3408	0 to 3754	Add 347	100%
		982 to 1079	1329 to 1460	1675 to 1842	2022 to 2223	2369 to 2604	2715 to 2986	3062 to 3367	3409 to 3748	3755 to 4130	Add 381	90%
		1080 to 1177	1461 to 1593	1843 to 2009	2224 to 2425	2605 to 2841	2987 to 3257	3368 to 3673	3749 to 4089	4131 to 4505	Add 416	80%
		1178 to 1275	1594 to 1726	2010 to 2176	2426 to 2627	2842 to 3078	3258 to 3528	3674 to 3979	4090 to 4430	4506 to 4880	Add 451	70%
		1276 to 1354	1727 to 1832	2177 to 2310	2628 to 2789	3079 to 3267	3529 to 3746	3980 to 4224	4431 to 4702	4881 to 5181	Add 478	60%
		1355 to 1471	1833 to 1991	2311 to 2511	2790 to 3031	3268 to 3551	3747 to 4071	4225 to 4591	4703 to 5111	5182 to 5631	Add 520	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.