

**NUECES COUNTY HOSPITAL DISTRICT  
INDIGENT HEALTH CARE PROGRAM ELIGIBILITY  
INCOME GUIDELINES FOR FINANCIAL ASSISTANCE  
Approved Scale  
Effective March 1, 2025**

	2025 HHS POVERTY GUIDELINES										NCHD  pays
	15,650	21,150	26,650	32,150	37,650	43,150	48,650	54,150	59,650	65,150	
	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	0	0	0	0	0	0	0	0	Add	100%
	to	to	to	to	to	to	to	to	to	458	
	1304	1763	2221	2679	3138	3596	4054	4513	4971		
	1305	1764	2222	2680	3139	3597	4055	4514	4972	Add	90%
	to	to	to	to	to	to	to	to	to	504	
	1435	1939	2443	2947	3451	3955	4460	4964	5468		
	1436	1940	2444	2948	3452	3956	4461	4965	5469	Add	80%
	to	to	to	to	to	to	to	to	to	550	
	1565	2115	2665	3215	3765	4315	4865	5415	5965		
	1566	2116	2666	3216	3766	4316	4866	5416	5966	Add	70%
	to	to	to	to	to	to	to	to	to	596	
	1695	2291	2887	3483	4079	4675	5270	5866	6462		
	1696	2292	2888	3484	4080	4676	5271	5867	6463	Add	60%
	to	to	to	to	to	to	to	to	to	633	
	1800	2432	3065	3697	4330	4962	5595	6227	6860		
	1801	2433	3066	3698	4331	4963	5596	6228	6861	Add	50%
	to	to	to	to	to	to	to	to	to	687	
	1956	2644	3331	4019	4706	5394	6081	6769	7456		

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.

Revised 02/11/2025