

**NUECES COUNTY HOSPITAL DISTRICT  
INDIGENT HEALTH CARE PROGRAM ELIGIBILITY  
INCOME GUIDELINES FOR FINANCIAL ASSISTANCE**  
Approved Scale  
Effective March 1, 2024

	2024 HHS POVERTY GUIDELINES										NCHD pays
	15,060	20,440	25,820	31,200	36,580	41,960	47,340	52,720	58,100	63,480	
	SIZE OF HOUSEHOLD										
	1	2	3	4	5	6	7	8	9	1*	
MONTHLY GROSS FAMILY INCOME	0 to 1255	0 to 1703	0 to 2152	0 to 2600	0 to 3048	0 to 3497	0 to 3945	0 to 4393	0 to 4842	Add 449	100%
	1256 to 1381	1704 to 1874	2153 to 2367	2601 to 2860	3049 to 3353	3498 to 3846	3946 to 4340	4394 to 4833	4843 to 5326	Add 493	90%
	1382 to 1506	1875 to 2044	2368 to 2582	2861 to 3120	3354 to 3658	3847 to 4196	4341 to 4734	4834 to 5272	5327 to 5810	Add 538	80%
	1507 to 1632	2045 to 2214	2583 to 2797	3121 to 3380	3659 to 3963	4197 to 4546	4735 to 5129	5273 to 5711	5811 to 6294	Add 583	70%
	1633 to 1732	2215 to 2351	2798 to 2969	3381 to 3588	3964 to 4207	4547 to 4825	5130 to 5444	5712 to 6063	6295 to 6682	Add 619	60%
	1733 to 1883	2352 to 2555	2970 to 3228	3589 to 3900	4208 to 4573	4826 to 5245	5445 to 5918	6064 to 6590	6683 to 7263	Add 673	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.

Revised 02/10/2024