

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

ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE

Approved Scale
Effective March 1, 2011

2011 HHS POVERTY GUIDELINES										NCHD pays	
10,890	14,710	18,530	22,350	26,170	29,990	33,810	37,630	41,450	45,270		
SIZE OF HOUSEHOLD											
1	2	3	4	5	6	7	8	9	1*		
MONTHLY GROSS FAMILY INCOME	0 to 908	0 to 1226	0 to 1544	0 to 1863	0 to 2181	0 to 2499	0 to 2818	0 to 3136	0 to 3454	Add 319	100%
	909 to 998	1227 to 1348	1545 to 1699	1864 to 2049	2182 to 2399	2500 to 2749	2819 to 3099	3137 to 3449	3455 to 3800	Add 350	90%
	999 to 1089	1349 to 1471	1700 to 1853	2050 to 2235	2400 to 2617	2750 to 2999	3100 to 3381	3450 to 3763	3801 to 4145	Add 382	80%
	1090 to 1180	1472 to 1594	1854 to 2007	2236 to 2421	2618 to 2835	3000 to 3249	3382 to 3663	3764 to 4077	4146 to 4490	Add 414	70%
	1181 to 1271	1595 to 1716	2008 to 2162	2422 to 2608	2836 to 3053	3250 to 3499	3664 to 3945	4078 to 4390	4491 to 4836	Add 446	60%
	1272 to 1361	1717 to 1839	2163 to 2316	2609 to 2794	3054 to 3271	3500 to 3749	3946 to 4226	4391 to 4704	4837 to 5181	Add 478	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.