

NUECES COUNTY HOSPITAL DISTRICT
 INDIGENT HEALTH CARE PROGRAM

ELIGIBILITY INCOME GUIDELINES FOR FINANCIAL ASSISTANCE
 Approved Scale
 Effective March 1, 2019

2019 HHS POVERTY GUIDELINES											NCHD pays
12,490	16,910	21,330	25,750	30,170	34,590	39,010	43,430	47,850	52,270		
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 1041	0 to 1409	0 to 1778	0 to 2146	0 to 2514	0 to 2883	0 to 3251	0 to 3619	0 to 3988	Add 368	100%
	1042 to 1145	1410 to 1550	1779 to 1955	2147 to 2360	2515 to 2766	2884 to 3171	3252 to 3576	3620 to 3981	3989 to 4386	Add 405	90%
	1146 to 1249	1551 to 1691	1956 to 2133	2361 to 2575	2767 to 3017	3172 to 3459	3577 to 3901	3982 to 4343	4387 to 4785	Add 442	80%
	1250 to 1353	1692 to 1832	2134 to 2311	2576 to 2790	3018 to 3268	3460 to 3747	3902 to 4226	4244 to 4705	4786 to 5184	Add 479	70%
	1354 to 1436	1833 to 1945	2312 to 2453	2791 to 2961	3269 to 3470	3748 to 3978	4227 to 4486	4706 to 4994	5185 to 5503	Add 508	60%
	1437 to 1561	1946 to 2114	2454 to 2666	2962 to 3219	3471 to 3771	3979 to 4324	4487 to 4876	4995 to 5429	5504 to 5981	Add 553	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.