



**CATHOLIC HEALTH SERVICES
CHARITY CARE
AND
DISCOUNTED ELIGIBILITY**

**Federal Poverty Income Guideline Sliding Scale
2018**

Eligibility Guide: Using household income and size as calculated below, identify eligibility for financial discount.

Family Size	Period	Poverty Guideline (FPG)	If income is below 200% (shown below) of FPG, eligible for FULL write-off	If income is above 200% but below 400% (shown below), eligible for Partial write-off
1	Annual	\$12,060	\$24,120	\$48,240
	Monthly	\$1,005	\$2,010	\$4,020
2	Annual	\$16,240	\$32,480	\$64,960
	Monthly	\$1,353	\$2,707	\$5,413
3	Annual	\$20,420	\$40,840	\$81,680
	Monthly	\$1,702	\$3,403	\$6,807
4	Annual	\$24,600	\$49,200	\$98,400
	Monthly	\$2,050	\$4,100	\$8,200
5	Annual	\$28,780	\$57,560	\$115,120
	Monthly	\$2,398	\$4,797	\$9,593
6	Annual	\$32,960	\$65,920	\$131,840
	Monthly	\$2,747	\$5,493	\$10,987
7	Annual	\$37,140	\$74,280	\$148,560
	Monthly	\$3,095	\$6,190	\$12,380
8	Annual	\$41,320	\$82,640	\$165,280
	Monthly	\$3,443	\$6,887	\$13,773

For family units of more than 8 members, add \$4,180 each additional person