



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

**Federal Poverty Income Guideline Sliding Scale
2019**

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	\$12,140	\$24,280	\$48,560
	Monthly	\$1,011	\$2,023	\$4,046
2	Annual	\$16,460	\$32,920	\$65,840
	Monthly	\$1,371	\$2,743	\$5,486
3	Annual	\$20,780	\$41,560	\$83,120
	Monthly	\$1,731	\$3,463	\$6,926
4	Annual	\$25,100	\$50,200	\$100,400
	Monthly	\$2,091	\$4,183	\$8,366
5	Annual	\$29,420	\$58,840	\$117,680
	Monthly	\$2,451	\$4,903	\$9,806
6	Annual	\$33,740	\$67,480	\$134,960
	Monthly	\$2,811	\$5,623	\$11,246
7	Annual	\$38,060	\$76,120	\$152,240
	Monthly	\$3,171	\$6,343	\$12,686
8	Annual	\$42,380	\$84,760	\$169,520
	Monthly	\$3,531	\$7,063	\$14,126

For family units of more than 8 members, add \$4,320 each additional person