

**NUECES COUNTY HOSPITAL DISTRICT
 INDIGENT HEALTH CARE PROGRAM ELIGIBILITY
 INCOME GUIDELINES FOR FINANCIAL ASSISTANCE
 Approved Scale
 Effective March 1, 2023**

	2023 HHS POVERTY GUIDELINES										NCHD pays
	14,580	19,720	24,860	30,000	35,140	40,280	45,420	50,560	55,700	60,840	
	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	0	0	0	0	0	0	0	0	Add	100%
	to	to	to	to	to	to	to	to	to	429	
	1215	1643	2072	2500	2928	3357	3785	4213	4642		
	1216	1644	2073	2501	2929	3358	3786	4214	4643	Add	90%
	to	to	to	to	to	to	to	to	to	471	
	1337	1808	2279	2750	3221	3692	4164	4635	5106		
	1338	1809	2280	2751	3222	3693	4165	4636	5107	Add	80%
to	to	to	to	to	to	to	to	to	514		
1458	1972	2486	3000	3514	4028	4542	5056	5570			
1459	1973	2487	3001	3515	4029	4543	5057	5571	Add	70%	
to	to	to	to	to	to	to	to	to	557		
1580	2136	2693	3250	3807	4364	4921	5477	6034			
1581	2137	2694	3251	3808	4365	4922	5478	6035	Add	60%	
to	to	to	to	to	to	to	to	to	592		
1677	2268	2859	3450	4041	4632	5223	5814	6406			
1678	2269	2860	3451	4042	4633	5224	5815	6407	Add	50%	
to	to	to	to	to	to	to	to	to	643		
1823	2465	3108	3750	4393	5035	5678	6320	6963			

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 02/10/2023