



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

**Federal Poverty Income Guideline Sliding Scale
2020**

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	\$12,490	\$24,980	\$49,960
	Monthly	\$1,041	\$2,082	\$4,163
2	Annual	\$16,910	\$33,820	\$67,640
	Monthly	\$1,409	\$2,818	\$5,637
3	Annual	\$21,330	\$42,660	\$85,320
	Monthly	\$1,777	\$3,555	\$7,110
4	Annual	\$25,750	\$51,500	\$103,000
	Monthly	\$2,146	\$4,292	\$8,583
5	Annual	\$30,170	\$60,340	\$120,680
	Monthly	\$2,514	\$5,028	\$10,057
6	Annual	\$34,590	\$69,180	\$138,360
	Monthly	\$2,882	\$5,765	\$11,530
7	Annual	\$39,010	\$78,020	\$156,040
	Monthly	\$3,251	\$6,502	\$13,003
8	Annual	\$43,430	\$86,860	\$173,720
	Monthly	\$3,619	\$7,238	\$14,477

For family units of more than 8 members, add \$4,420 each additional person