



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

**Federal Poverty Income Guideline Sliding Scale
2022**

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	\$13,590	\$27,180	\$54,360
	Monthly	\$1,132	\$2,263	\$4,530
2	Annual	\$18,310	\$36,620	\$73,240
	Monthly	\$1,152	\$3,052	\$6,112
3	Annual	\$23,030	\$46,060	\$92,120
	Monthly	\$1,919	\$3,838	\$7,677
4	Annual	\$27,750	\$55,500	\$111,000
	Monthly	\$2,312	\$4,625	\$9,250
5	Annual	\$32,470	\$64,940	\$129,880
	Monthly	\$2,706	\$5,412	\$10,823
6	Annual	\$37,190	\$74,380	\$148,760
	Monthly	\$3,099	\$6,198	\$12,397
7	Annual	\$41,910	\$83,820	\$167,640
	Monthly	\$3,492	\$6,985	\$13,970
8	Annual	\$46,630	\$93,260	\$186,520
	Monthly	\$3,886	\$7,772	\$15,543

For family units of more than 8 members, add \$4,720 each additional person