



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

**Federal Poverty Income Guideline Sliding Scale
2024**

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	\$15,060	\$30,120	\$60,240
	Monthly	\$1,255	\$2,510	\$5,020
2	Annual	\$20,440	\$40,880	\$81,760
	Monthly	\$1,703	\$3,406	\$6,813
3	Annual	\$25,820	\$51,640	\$103,280
	Monthly	\$2,157	\$4,303	\$8,606
4	Annual	\$31,200	\$62,400	\$124,800
	Monthly	\$2,600	\$5,200	\$10,400
5	Annual	\$36,580	\$73,160	\$146,320
	Monthly	\$3,048	\$6,096	\$12,193
6	Annual	\$41,960	\$83,920	\$167,840
	Monthly	\$3,496	\$6,993	\$13,986
7	Annual	\$47,340	\$94,680	\$189,360
	Monthly	\$3,945	\$7,890	\$15,780
8	Annual	\$52,720	\$105,440	\$210,880
	Monthly	\$4,393	\$8,786	\$17,573

For family units of more than 8 members, add \$4,540 each additional person