



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

**Federal Poverty Income Guideline Sliding Scale
2023**

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	\$14,580	\$29,160	\$58,320
	Monthly	\$1,215	\$2,430	\$4,860
2	Annual	\$19,720	\$39,440	\$78,880
	Monthly	\$1,643	\$3,286	\$6,573
3	Annual	\$24,860	\$49,720	\$99,440
	Monthly	\$2,072	\$4,144	\$8,287
4	Annual	\$30,000	\$60,000	\$120,000
	Monthly	\$2,500	\$5,000	\$10,000
5	Annual	\$35,140	\$70,280	\$140,560
	Monthly	\$2,928	\$5,856	\$11,713
6	Annual	\$40,280	\$80,560	\$161,120
	Monthly	\$3,357	\$6,714	\$13,427
7	Annual	\$45,420	\$90,840	\$181,680
	Monthly	\$3,785	\$7,570	\$15,140
8	Annual	\$50,560	\$101,120	\$202,240
	Monthly	\$4,213	\$8,427	\$16,853

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