

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 1 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

SCOPE

Val Verde County Hospital Authority

PURPOSE

Val Verde Regional Medical Center (VVRMC) is committed to providing financial assistance to uninsured and under insured individuals who are in need of emergency or medically necessary treatment and have a household income below 300% of the Federal Poverty Guidelines (FPG). Federal Poverty Guidelines updated annually.

Eligible patients will qualify 100% for charity care based off the prospective method, in accordance with the Affordable Care Act (ACA) and will not be charged more than Amount Generally Billed (AGB).

POLICY STATEMENT

VVRMC is committed to providing a hospital financial and medically indigent program for income eligible patients or guarantors, who meet the poverty guidelines of the program, which is based from the U.S Department of Health and Human Services, and who have received, intend to receive, or currently receive care at VVRMC. Financial assistance will be granted to qualified individuals for the following services: Inpatient, Emergency Room, and Outpatient services including, but not limited to Geri-psych, Rehabilitation, and Clinic visits at VVRMC. Financial and Medically indigent assistance will be provided to patient without adequate financial means to cover medically necessary services.

VVRMC will provide charity care to all patients who present themselves for care at VVRMC without regard to race, creed, color, religion, gender, or national origin, and who are classified as financially or medically indigent according to the hospital's eligibility system. Eligible services for the VVRMC Financial/Medically Indigent Assistant program must be deemed medically necessary by the attending/referring physicians. Patients may be first asked to apply for external programs (such as Medicaid & County Indigent) as appropriate before eligibility under this policy is determined.

Val Verde Regional Medical Center offers 100% for charity care for all emergency or other medically necessary care for individuals eligible under our Financial Assistance Policy ("FAP"). A printable Hospital Financial Assistance Form, the Hospital Financial Assistance Policy, and Hospital Collection Policy is available on our website at <https://www.vvrmc.org/patients-visitors/patient-financial-services/> For further questions or assistance in completion of the assistance application, please call our Financial Counselor at 830-778-3715.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 2 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

DEFINITIONS

1. **Charity Care:** Medically necessary services rendered without the expectation of full payment to patients meeting the criteria established by this policy.
2. **Medically Necessary:** Hospital services or care rendered both outpatient and inpatient, to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, and threaten to cause or aggravate a handicap, or result in overall illness or infirmity.
3. **Emergency Care:** Immediate care that is necessary to prevent putting the patient's health in serious jeopardy, serious impairment to bodily functions, and/or serious dysfunction of any organs or body parts.
4. **Urgent Care:** Medically necessary care to treat medical conditions that are not immediately life threatening, but could result in the onset of illness or injury, disability, death, or serious impairment or dysfunction if not treated within 12-24 hours.
5. **Uninsured:** Patients with no insurance or third-party assistance to help resolve financial liability to health care providers.
6. **Under Insured:** Insurance patients with household income below 300% of the Federal Poverty Guidelines.
7. **Gross charges:** The full amount charged by VVRMC for items and services before any discounts, contractual allowances, or deductions are applied.
8. **Household:** A person living alone, a married couple, or two or more persons living together who are related by birth, marriage, or adoption where legal responsibility for support exists.
9. **Household Income:** the amount of all sources of income received by people in a household, to include but not limited to:
 - earnings, unemployment compensation, workers' compensation, Social Security, Supplemental, public assistance (welfare), veterans' payments, alimony, child support, assistance from outside the household, and other miscellaneous sources.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 3 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

- Noncash benefits (such as food stamps and housing subsidies) are not counted.
- Determined on a before- tax basis (Gross income)
- It includes the income of ALL family members in the household.

10. Financial Indigent: An uninsured person who is accepted for care with no obligation or discounted obligation to pay for the services rendered based on the hospital's eligibility system. The hospital's eligibility system is based on the federal poverty guidelines published annually by the Federal Register.

11. Medically Indigent: A person who's medical or hospital bills after payment by third party payers exceed 15 percent of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill. Consideration of the patient's financial position and ability to pay will determine the patient's medically indigent discount.

12. Accounts Generally Billed (AGB): is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charge for those claims

Communication of Charity Care Program:

- VVRMC communicates the availability and terms of its charity care program to all patients, through means which include, but are not limited to:
- Posted signs and brochures within waiting rooms, registration cubicles/desks, as well as emergency rooms, clinics, and financial services department.
- The FAP application form and plain language summary of the FAP (the FAP documents) is available on our website.
- Posted on our organization website at <https://www.vvrmc.org/patients-visitors/patient-financial-services/>
- Designated staff knowledgeable on the charity care policy to answer patient question or who may refer patient to the program.
- Paper Copies of the FAP document is available upon request and without charge by mail and in public locations in the hospital facility, including at a minimum in the emergency room and admissions area.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 4 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

- If individual makes a request by mail or phone call (830)778-3715; Val Verde Regional Medical Center 801 N Bedell Avenue, Del Rio, TX 78840.

Requests can be made by a patient, patient guarantor, or family member, but will be subject to applicable privacy laws.

Patients concerned about their ability to pay for services or would like to know more about financial assistance should be directed to the Financial Counselor at (830) 778-3715.

Procedure:

VVRMC contracts with some physician's to provide emergency and clinical services (i.e. ER Physicians, Hospitalist, Radiologists, Pathologists, and other contracted physicians). Services provided by contracted physicians, not billed by VVRMC, will not be covered by the VVRMC financial assistance program. A complete list of physicians covered and contracted providers delivering emergency and medically necessary care that are not covered through the VVRMC financial assistance program can be found in Appendix A.

VVRMC will recognize and honor all VVRMC RHC, and VVRMC Specialty Clinic.

VVRMC is not a payer of last resort, but a service entity within the hospital. Patient eligibility for services under any insurer or agency shall include in its obligation, and approval of payment, the hospital services rendered.

Applying for Financial Assistance:

Charity Care is the un-reimbursed cost to a hospital providing, funding or otherwise financially supporting health services on an inpatient or outpatient bases to a person classified as financially or medically indigent. To be considered eligible for charity care, patients must cooperate with the hospital to explore alternative means of assistance if necessary, including Medicare and Medicaid. Patients will be required to provide necessary information and documentation when applying for charity care, or other financial assistance. The Val Verde Regional Medical Center and its Clinics, Financial Assistance Policy, application, and a list of supporting documentation that will be requested, can be found on our website <http://www.vvrmc.org/patients-visitors/patient-financial-services/>

ELIGIBILITY

A patient may be classified as financially or medically indigent if a patient or guarantor can provide proof of residency and Household Income as outlined in the following sections:

Revised Jan 2022

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 5 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

1. Eligibility maybe limited to; patients residing in the State of Texas in Val Verde and Kinney County
 - a. Undocumented immigrants (immigrants not detained)
2. **Federal Poverty Guidelines (FPG):** Determination of eligibility is also contingent upon the Annual Household's Income as outlined in the U.S Department of Health and Human Services Federal Poverty Guidelines (FPG). These recommendations provide the poverty income guideline level and size of family unit which are utilized in determining eligibility. The hospital eligibility criterion for determining financial indigence does not exceed 300% of the federal poverty guidelines.
 - A. A household is defined as a person living alone or two or more persons living together where legal responsibility for support exists, excluding disqualified persons (as defined in the IRS.gov guidelines).
 - B. A family is defined as anyone living together in a household; this will include college students, regardless of their residence, who are supported by their parent's (students must be a dependent on parent's income tax.)

Household Income Determination

1. Val Verde Regional Medical Center request that a household submit verification of the Annual Household Income. The Annual Household Income is the cumulative total of the gross income(s) for all members of the patient's household as shown on, including but not limited, the IRS Form 1040 for all household members or obtained from relevant Social Security records, paychecks, child support, profit and loss statement, workers compensation, unemployment benefits or other reliable documentation from which the Annual Household Income can reasonably be determined. A notarized statement of fact will be obtained, if the patient has no income.

Application Process:

1. Financial Counselor will screen patient for possible assistance either for financially indigent or medically indigent pre-eligibility. Once it is determined that patient and/or guarantor will qualify for assistance the patient and/or guarantor may provide the following documentation, including but not limited to:
 - a. Proof of income (most recent check stub, letter from employer to include year to date gross income, or Copy of most recent tax return)

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 6 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

- b. Copy of Social Security Card/Resident Alien Card
- c. Social Security or SSI benefits
- d. If no income; Notarized Statement of fact (offered by Financial Counselor)
- e. Proof of unemployment benefits (if applicable)
- f. Other income: i.e. Child Support, Alimony, Worker's Compensation Benefits, Stocks/Bonds, possible settlement, inheritance, military benefits, rental income, and financial assistance received from family member(s)
- g. Proof of Texas residency (i.e. valid Texas driver's license or Texas I.D Card)
- h. Proof of residency in the Val Verde or Kinney County (i.e. electric, utility, cable, or phone bill for 2 concurrent months)
- i. Signed, completed Financial Assistance application

Individuals who do not have the documents listed above; have questions about the financial assistance application; or would like assistance with completing the financial assistance application may contact our Financial Counselor by calling (830)778-3715 or by mail to: Val Verde Regional Medical Center, 801 Bedell Avenue, Del Rio, TX 78840.

Financial Counseling Office (located in Business Office) hours are:

- Monday through Friday 8:00am to 5:00pm

1. **Financially Indigent Coverage Period** – Applications are approved per episode of care. All dates of services rendered 240 days retro from date of application may qualify under presumptive eligibility. Patients may be required to re-apply for charity care every 180 days.
2. **Medically Indigent Coverage Period** – The qualification period for Medically Indigent approved applicants will extend through the month that qualification was originally approved. Applicants may be required to update their application by affidavit and/or income verifications each month thereafter and may be required to submit a new application after 240 days of the original application.

In the event the patient does not initially qualify for charity care or financial assistance, after providing the requested information and documentation, the patient may re-apply if there is a change in their income, assets, or family responsibilities.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 7 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

Completed APPLICATION Process:

Completed applications are reviewed and approved by the Business Office Supervisor, Senior Director, and by the Chief Financial Officer.

- a. All write-offs greater than \$25,000 are reviewed by Chief Financial Officer.
- b. Monthly, the Chief Financial Officer oversees the Charity and Medicare Bad Debt statistical reports.

A letter will be sent to the Guarantor informing them of the determination of eligibility for charity/financial assistance through the Val Verde County Hospital Authority Financial Assistance Program.

The charity program may coordinate payment or other arrangements with outside providers for continuation of patient care as outlined in the patient's discharge instructions, not to exceed 30 days from the point of discharge.

No other healthcare or medical services offered by or through any entity affiliated with the District or Hospital are Covered Services including, but not limited to, (i) physician services offered through various physician practices or (ii) clinics affiliated with the District or the Hospital. Eligible Residents may be eligible for other programs offered by the Hospital designed to reduce, discount or otherwise offset the cost of healthcare or medical services that are not Covered Services.

Charity/Financial Aid may apply to balances due from insured patients for deductibles, co-payments, or co-insurance, or other types of patient payment responsibility.

PRESUMPTIVE ELIGIBILITY:

After exhausting all attempts to have patient/guarantor submit a formal application for the financial assistance program, policy will allow the use of Patient Financial Data Screen (PFDS) in qualifying the patient/guarantor for presumptive eligibility. The following maybe consider, but not limited to, when:

- Patient is Homeless;
- Patient is eligible for other state or local programs;
- State-funded prescription programs;
- Patient participates in Women, Infants and Children programs (WIC);
- Patient is eligible in Temporary Assistance for Needy Families(TANF) Program and/or Food Stamps;

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 8 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

- Patient is eligible for other state or local assistance programs that are unfunded (e.g. Medicaid spend-down);
- Patient is eligible for low income/subsidized housing – a valid address must be provided, and
- Patient is deceased with no known estate;
- Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services;
- Patient is bankruptcy declared and confirmed within the prior (12) months of hospital services being rendered;
- Any uninsured account returned from a collection agency as uncollectable;
- Patient is eligible for the Children's Health Insurance Program (CHIP);
- Patient is eligible Free lunch program at children's respective school;
- Hospital services provided with no history of payments >120 after the first post discharge bill;
- Patient has stated that he/she does not have the resources to pay;
- Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation;
- The patient/guarantor address on file is no longer on a good address;
- Other factor that are useful information an expectation of payment;

1. If a hospital had already determined whether the individual was FAP-eligible for the previously provided care at issue based on a complete FAP application or had presumptively determined the individual was FAP-eligible for the previously provided care

VVRMC may also use previous financial assistance eligibility determinations as a basis for determining eligibility in the event that the patient does not provide sufficient documentation to support an eligibility determination. Financial assistance applications on file at VVRMC may be used for a time period up to 180 days after the date of application submission.

1. Presumptive financial assistance may be taken into consideration when a patient has expired and there is no estate. An incomplete financial assistance form may be on file because documentation was lacking that would support the provision of financial aid. In this case:
 - A family member is contacted to insure no estate exists
 - Family member may be asked to sign and date a statement to the effect that no estate exists.
 - The county in which deceased patients resided is contacted to verify that no estate exists.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 9 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

Actions in the Event of Non-Payment

- The collection actions VVRMC may take if a financial assistance application and/or payment are not received are described in the Billing and Collection Policy.
- You can request a free copy of this full policy in person at the Business Department at our facility at 801 N. Bedell Avenue, Del Rio TX 78840; by calling us at 830-778-3715, mailing a request to 801 N. Bedell avenue, Del Rio TX 78840 Attn: Financial Counselor; or online at: <http://www.vvrmc.org/patients-visitors/patient-financial-services/>

Eligibility Federal Income Guidelines

The granting of charity shall be based on an individualized determination of financial need. If no public or private third-party source of payment is available, amounts generally billed for Covered Services are discounted one hundred percent (100%) for Eligible Residents.

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 10 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

Appendix A. Val Verde Regional Medical Center Roster

| <u>Val Verde Regional Medical Center Roster</u> | <u>Address</u> | <u>Department/Specialty Group</u> | <u>Covered</u> |
|--|---------------------------------------|--|-----------------------|
| Di Blasi, Michele, MD | 3809 Veterans Blvd. Del Rio TX 78840 | Cardiology | Yes |
| Di Blasi, Tina, MD | 3809 Veterans Blvd. Del Rio TX 78840 | Endocrinology | Yes |
| Hernandez, Cynthia M, APN | 3809 Veterans Blvd. Del Rio TX 78840 | Cardiology | Yes |
| Floyd, Ira L, MD | 801 N. Bedell Del Rio TX 78840 | Orthopedic | Yes |
| Hernandez, David P | 1801 Bedell Del Rio TX 78840 | OB/GYN | Yes |
| Benton, Roxanne M | 1801 Bedell Del Rio TX 78840 | Pediatrics | Yes |
| Manning, Mark G, MD | 801 N. Bedell Del Rio TX 78840 | General Surgeon | Yes |
| Moore, Kenneth P, MD | 801 N. Bedell Del Rio TX 78840 | Urology | Yes |
| Ortiz-Avalos, Vanessa, FNP | 801 N Bedell Del Rio TX 78840 | Urology | Yes |
| Palacheck, Lisa M, MD | 801 N. Bedell Del Rio TX 78840 | General Surgeon | Yes |
| Boenicke, Brandan C, PA | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| Cavanagh, Eric, PA | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| De la Cerda, Jose L, PA | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| De la Cerda, Crystal, MD | 1801 N Bedell Del Rio TX 78840 | Pediatrics | Yes |
| Escobedo, Monica, FNP | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| Oviedo, Jose, MD | 1801 N Bedell Del Rio TX 78840 | Pediatrics | Yes |
| Freitas, Hugh M, FNP | 1200 N Bedell Del Rio TX 78840 | Walk-In | Yes |
| Valdez, Sasha N, FNP | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| Viera, Vivian, MD | 1801 N Bedell Del Rio TX 78840 | Family Practice | Yes |
| Ortiz, Leticia, FNP | 1200 N Bedell Del Rio TX 78840 | Walk-In | Yes |
| Lindsey, Terry M, MD | 1200 N Bedell Del Rio TX 78840 | Specialty | Yes |
| Ong, Dennis B, FNP | 1200 N Bedell Del Rio TX 78840 | Walk-In | Yes |
| Managalpally, Kiran Kumar R MD | 801 N. Bedell Del Rio TX 78840 | Cardiology Interventional | Yes |
| Nagarajaro, Harsha S MD | 801 N. Bedell Del Rio TX 78840 | Cardiology Interventional | Yes |
| Roy, Debanshu D MD | 801 N. Bedell Del Rio TX 78840 | Cardiology Interventional | Yes |
| Ward, Charisee J MD | 801 N Bedell Del Rio TX 78840 | Cardiology Interventional | Yes |
| Gutierrez, Jaime J, MD | 612 Bedell Ave Ste A Del Rio TX 78840 | Gutierrez Urgent Care | No |
| Chartrand, Daniel J | 1801 Bedell Del Rio TX 78840 | United Medical Center | No |
| Laing III, Aurelio, MD | 913 S Main St Del Rio TX 78840 | United Medical Center | No |
| Hunt, Howard DDS | 320 Griner Street Del Rio 78840 | Dental | No |

Revised Jan 2022

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 11 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

| | | | |
|-----------------------|--|-----------------------|----|
| Martinez-Ruiz Edson | 1121 Ave E Del Rio 78840 | Dental | No |
| Mora, Ruben | 551 West Cantu Road Del Rio TX 78840 | Dental | No |
| Vargas, Valerie | 606 N Bedell Ave Del Rio TX 78840 | Dental | No |
| Talyor, Susan J, MD | 1301 Ave G Del Rio TX 78840 | Oncologist | No |
| Olaya, Jorge E, MD | 137 Zamora Med. Cir. Eagle Pass TX 78852 | Pediatrics | No |
| Salama, Mostafa M, MD | 2209 Bedell Del Rio TX 78840 | United Medical Center | No |
| Hessler, Paul C, MD | 1117 W Dela Rosa Del Rio TX 78840 | United Medical Center | No |

| Physician/Physician Group | Address | Specialty | Covered |
|---|--|-------------------|---------|
| Victoria Emergency Associates | 1900 Barton Springs Rd, Austin, TX 78704 | ER Physicians | No |
| South Texas Hospitalist Associates | 1900 Barton Springs Rd, Austin, TX 78704 | Hospitalist Group | No |
| United Medical Center Physicians | 1117 W De La Rosa St, Del Rio TX 78840 | Various | No |
| Pathology Reference Laboratory | 9600 Datapoint, San Antonio, TX78229 | Lab | No |
| Val Verde Anesthesia ABEO | 801 Bedell Avenue, Del Rio, TX 78840 | Anesthesia | No |
| South Texas Radiology Associates | 600 Datapoint, San Antonio, TX 78229 | Radiology | No |
| Renal Associates, P.A | 16620 US HWY 281 San Antonio TX 78232 | Nephrology | No |
| Medical Center Ophthalmology | 9157 Huebner Road San Antonio TX 78240 | Ophthalmology | No |
| Peripheral Vascular Associates, PA | 4330 Medical Drive, Ste 120 San Antonio TX 78229 | Vascular Surgery | No |

| | |
|--|--|
| Val Verde Regional Medical Center | REFERENCE #: |
| SUBJECT: Financial Assistance/Charity Policy | Page 12 of 11 |
| DEPARTMENT: Patient Financial Services | EFFECTIVE: July 01, 2021 |
| APPROVED BY: Board of Trustees | REVISED: <u>July 01, 2017, February 27, 2018,</u> <u>December 15, 2021</u> |

Appendix B. Val Verde Regional Medical Center Roster

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

| <u>2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</u> | |
|---|--------------------------|
| <u>Persons in family/household</u> | <u>Poverty guideline</u> |
| 1 | <u>\$13,590</u> |
| 2 | <u>\$18,310</u> |
| 3 | <u>\$23,030</u> |
| 4 | <u>\$27,750</u> |
| 5 | <u>\$32,470</u> |
| 6 | <u>\$37,190</u> |
| 7 | <u>\$41,910</u> |
| 8 | <u>\$46,630</u> |
| <u>For families/households with more than 8 persons, add \$4,720 for each additional person.</u> | |