

Huntsville Memorial Hospital
Federal Poverty Income Guidelines – Attachment B – English

Schedule A
NOTICE OF 2018 POVERTY INCOME GUIDELINES
 THE CURRENT INCOME REQUIREMENTS ARE:

Size of Family Unit	HMH - Charity Walker County	Charity Care
	100% Poverty	200% Poverty
1	\$12,140.00	\$24,280.00
2	\$16,460.00	\$32,920.00
3	\$20,780.00	\$41,560.00
4	\$25,100.00	\$50,200.00
5	\$29,420.00	\$58,840.00
6	\$33,740.00	\$67,480.00
7	\$38,060.00	\$76,120.00
8	\$42,380.00	\$84,760.00
<i>For families/households with more than 8 persons, add \$4,320.00 for each additional person to calculate 100% Poverty.</i>		

If you think you may be eligible for assistance and wish to apply, please contact the Financial Counseling Department at 936-293-4464 or fax applications to 936-291-4271

Huntsville Memorial Hospital
Federal Poverty Income Guidelines – Attachment B – Spanish

AVISO DE PAUTAS DE INGRESOS DE POBREZA de 2018
LAS EXIGENCIAS DE INGRESOS CORRIENTES SON:

TAMAÑO DE UNIDAD DE FAMILIA	HMH-CARIDAD WALKER CO.	CARE DE CARIDAD
	Pobreza del 100 %	Pobreza del 200 %
1	\$12,140.00	\$24,280.00
2	\$16,460.00	\$32,920.00
3	\$20,780.00	\$41,560.00
4	\$25,100.00	\$50,200.00
5	\$29,420.00	\$58,840.00
6	\$33,740.00	\$67,480.00
7	\$38,060.00	\$76,120.00
8	\$42,380.00	\$84,760.00

Para familias/hogares con más de 8 personas, añada \$4.320,00 para cada persona adicional para calcular el 100% de pobreza.

Si usted piensa que usted puede ser elegible para la ayuda y desear aplicarse, por favor póngase en contacto con el Departamento de Orientación Financiero en 936-293-4464, de o envíe un fax 936-291-4271

