



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

**Federal Poverty Income Guideline Sliding Scale
2025**

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	\$15,650	\$31,300	\$62,600
	Monthly	\$1,304	\$2,608	\$5,216
2	Annual	\$21,150	\$42,300	\$84,600
	Monthly	\$1,762	\$3,525	\$7,050
3	Annual	\$26,650	\$53,300	\$106,600
	Monthly	\$2,221	\$4,442	\$8,883
4	Annual	\$32,150	\$64,300	\$128,600
	Monthly	\$2,679	\$5,350	\$10,716
5	Annual	\$37,650	\$75,300	\$150,600
	Monthly	\$3,137	\$6,275	\$12,550
6	Annual	\$43,150	\$86,300	\$172,600
	Monthly	\$3,596	\$7,292	\$14,383
7	Annual	\$48,650	\$97,300	\$194,600
	Monthly	\$4,054	\$8,108	\$16,216
8	Annual	\$54,150	\$108,300	\$216,600
	Monthly	\$4,512	\$9,025	\$18,050

For family units of more than 8 members, add \$5,500 each additional person