

INCOME GUIDELINES TABLE

(Revised January 2026)

The 2026 poverty guidelines are in effect as of January 2026		
2026 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA		
PERSONS IN FAMILY/HOUSEHOLD	100% POVERTY GUIDELINE	200% POVERTY GUIDELINE
1	\$15,960	\$31,920
2	\$21,640	\$43,280
3	\$27,320	\$54,640
4	\$33,000	\$66,000
5	\$38,680	\$77,360
6	\$44,360	\$88,720
7	\$50,040	\$100,080
8	\$55,720	\$111,440

DETERMINATION OF ELIGIBILITY

1. Number of Persons in Family _____
2. Income (Actual or Annualized)
 - a. Total income for last 12 months \$ _____
 - b. 200% of Poverty per table \$ _____
 - c. % Above Poverty Guidelines _____
 - d. % Charity Allowed _____

SCHEDULE FOR REDUCING CHARGES

% Above Poverty Guidelines	% of Charity Allowed
0 - 10%	100%
11 – 19%	80%
20 – 29%	60%
30 – 39%	40%
40 – 49%	20%
50% and above	0%

3. The applicant is eligible for: No-pay _____ Part-pay _____ Ineligible _____
4. If the patient’s statement of income was verified by the time the determination was made, stipulate what information was used, the content of the information, and the source (name and phone number) of the person providing verification.

5. If uncompensated or part-pay is denied, state the reasons(s) for the denial:

Signature of CEO or CFO or other authorized signee

Date Signed

Date Applicant was provided with a copy of determination: _____