

## APPENDIX A

### 2009 HHS Poverty Guidelines

Size of Family Unit	100 – 150 Percent of Poverty	175 Percent of Poverty	200 Percent of Poverty	225 Percent of Poverty	250 Percent of Poverty
1	\$16,245	\$18,952	\$21,660	\$24,367	\$27,075
2	\$21,855	\$25,497	\$29,140	\$32,782	\$36,425
3	\$27,465	\$32,042	\$36,620	\$41,197	\$45,775
4	\$33,075	\$38,587	\$44,100	\$49,612	\$55,125
5	\$38,685	\$45,132	\$51,580	\$58,027	\$64,475
6	\$44,295	\$51,677	\$59,060	\$66,442	\$73,825
7	\$49,905	\$58,222	\$66,540	\$74,857	\$83,175
8	\$55,515	\$64,767	\$74,020	\$83,272	\$92,525
<b>Discount to be Offered</b>	<b>100% NI</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>25%</b>

For family units with more than 8 members, add for each additional person:

\$5,610 at 100% - 150% of poverty  
 \$6,445 at 175% of poverty  
 \$7,480 at 200% of poverty  
 \$8,415 at 225% of poverty  
 \$9,350 at 250% of poverty

### Asset Guidelines

Total liquid assets will be defined as the sum of amounts in checking, savings, CD's, mutual funds, stocks and other liquid investments.

Total Liquid Assets	Determination
\$10,000 or <	Utilize the poverty guideline schedule only in determination
> \$10,000 and balance owed is less than excess over \$10,000	Patient does not qualify for financial assistance
>\$10,000 and balance owed in greater than excess over \$10,000	Patient will owe the excess amount and the balance will qualify for charity reduction.

\*\*\*If the patient can provide a letter of approval for food stamps (dated within 90 days of the application), they will be automatically considered financially eligible to participate in the charity program.