

**NEW HOPE CLINIC
ELIGIBILITY SCALE – based on Federal Poverty Guidelines**

EFFECTIVE JANUARY 12, 2022 THROUGH JANUARY 11, 2023

DIVIDE ACTUAL INCOME BY 100% FPG VALUE ON SAME LINE.

Family Size	<u>100% of Federal Poverty Guideline</u> (use for calculating %) per Year / Month	<u>150% of FPG</u> Suggested patient contribution if over this, but less than 200% per Year / Month	<u>200% of FPG</u> NHC income LIMIT per Year / Month
1	\$13,590 / \$1,133	\$20,385 / \$1,699	\$27,180 / \$2,265
2	\$18,310 / \$1,526	\$27,465 / \$2,289	\$36,620 / \$3,052
3	\$23,030 / \$1,919	\$34,545 / \$2,879	\$46,060 / \$3,838
4	\$27,750 / \$2,313	\$41,625 / \$3,469	\$55,500 / \$4,625
5	\$32,470 / \$2,706	\$48,705 / \$4,059	\$64,940 / \$5,412
6	\$37,190 / \$3,099	\$55,785 / \$4,649	\$74,380 / \$6,198
7	\$41,910 / \$3,493	\$62,865 / \$5,239	\$83,820 / \$6,985
8	\$46,630 / \$3,886	\$69,945 / \$5,829	\$93,260 / \$7,772
For each additional person add:	\$4,720 / \$393	\$7,080 / \$590	\$9,440 / \$787

*Patients with incomes over 100% of FPG will be responsible for part of the cost of care at Doshier Memorial Hospital.

*We cannot guarantee free services at any outside providers.