

**Huntsville Memorial Hospital
Financial Assistance – Charity Care Program
Federal Poverty Income Guidelines – Attachment B**

Schedule A

NOTICE OF 2021 POVERTY INCOME GUIDELINES

THE CURRENT ANNUAL INCOME REQUIREMENTS ARE AT OR ABOVE 51% AND AT OR BELOW 200%:

Family Size	CHARITY CARE	
	51% Poverty	200% Poverty
1	\$6,568.80	\$25,760.00
2	\$8,884.20	\$34,840.00
3	\$11,199.60	\$43,920.00
4	\$13,515.00	\$53,000.00
5	\$15,830.40	\$62,080.00
6	\$18,145.80	\$71,160.00
7	\$20,461.20	\$80,240.00
8	\$22,776.60	\$89,320.00
<i>For Households larger than 8, add \$2,315.40 per person.</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
Asistencia Financiera – Programa de Cuidado de Caridad Directrices
Federales para el Ingreso por la Pobreza – Attachment B

AVISO DE PAUTAS DE INGRESOS DE POBREZA de 2021
LOS REQUISITOS DE INGRESOS ANUALES ACTUALES SON EN O
SUPERIOR AL 51% Y EN O POR DEBAJO DEL 200%:

Tamaño de la familia	CHARITY CARE	
	51% Poverty	200% Poverty
1	\$6,568.80	\$25,760.00
2	\$8,884.20	\$34,840.00
3	\$11,199.60	\$43,920.00
4	\$13,515.00	\$53,000.00
5	\$15,830.40	\$62,080.00
6	\$18,145.80	\$71,160.00
7	\$20,461.20	\$80,240.00
8	\$22,776.60	\$89,320.00
<i>Para hogares mayores de 8, agregue \$ 2,315.40 por persona.</i>		

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

