

Indian Stream Health Center
 FY 2017 POVERTY GUIDELINES GROSS INCOME
 House Hold Assessment Sliding Fee Discount Program
FOR FAMILY PLANNING SERVICES

SLIDE	A		A		B		B		C		C		D		D		FULL PAY
	\$10.00		\$10.00		\$20.00		\$20.00		\$40.00		\$40.00		\$50.00		\$50.00		0%
poverty level %	0%		150%		151%		180%		181%		190%		191%		250%		251%
FAMILY SIZE																	
1 Annual	0	TO	18,090	18,091	TO	21,708	21,709	TO	22,914	22,915	TO	30,150	30,151	TO	30,151		
Monthly	0	TO	1,508	1,509	TO	1,809	1,810	TO	1,910	1,911	TO	2,513	2,514	TO	2,514		
Weekly	0	TO	351	352	TO	421	422	TO	444	445	TO	584	585	TO	585		
2 Annual	0	TO	24,360	24,361	TO	29,232	29,233	TO	30,856	30,857	TO	40,600	40,601	TO	40,601		
Monthly	0	TO	2,030	2,031	TO	2,436	2,437	TO	2,571	2,572	TO	3,383	3,384	TO	3,384		
Weekly	0	TO	472	473	TO	567	568	TO	598	599	TO	787	788	TO	788		
3 Annual	0	TO	30,630	30,631	TO	36,756	36,757	TO	38,798	38,799	TO	51,050	51,051	TO	51,051		
Monthly	0	TO	2,553	2,554	TO	3,063	3,064	TO	3,233	3,234	TO	4,254	4,255	TO	4,255		
Weekly	0	TO	594	595	TO	712	713	TO	752	753	TO	989	990	TO	990		
4 Annual	0	TO	36,900	36,901	TO	44,280	44,281	TO	46,740	46,741	TO	61,500	61,501	TO	61,501		
Monthly	0	TO	3,075	3,076	TO	3,690	3,691	TO	3,895	3,896	TO	5,125	5,126	TO	5,126		
Weekly	0	TO	715	716	TO	858	859	TO	906	907	TO	1,192	1,193	TO	1,193		
5 Annual	0	TO	43,170	43,171	TO	51,804	51,805	TO	54,682	54,683	TO	71,950	71,951	TO	71,951		
Monthly	0	TO	3,598	3,599	TO	4,317	4,318	TO	4,557	4,558	TO	5,996	5,997	TO	5,997		
Weekly	0	TO	837	838	TO	1,004	1,005	TO	1,060	1,061	TO	1,394	1,395	TO	1,395		
6 Annual	0	TO	49,440	49,441	TO	59,328	59,329	TO	62,624	62,625	TO	82,400	82,401	TO	82,401		
Monthly	0	TO	4,120	4,121	TO	4,944	4,945	TO	5,219	5,220	TO	6,867	6,868	TO	6,868		
Weekly	0	TO	958	959	TO	1,150	1,151	TO	1,214	1,215	TO	1,597	1,598	TO	1,598		
7 Annual	0	TO	55,710	55,711	TO	66,852	66,853	TO	70,566	70,567	TO	92,850	92,851	TO	92,851		
Monthly	0	TO	4,643	4,644	TO	5,571	5,572	TO	5,881	5,882	TO	7,738	7,739	TO	7,739		
Weekly	0	TO	1,080	1,081	TO	1,296	1,297	TO	1,368	1,369	TO	1,799	1,800	TO	1,800		
8 Annual	0	TO	61,980	61,981	TO	74,376	74,377	TO	78,508	78,509	TO	103,300	103,301	TO	103,301		
Monthly	0	TO	5,165	5,166	TO	6,198	6,199	TO	6,542	6,543	TO	8,608	8,609	TO	8,609		
Weekly	0	TO	1,201	1,202	TO	1,441	1,442	TO	1,521	1,522	TO	2,002	2,003	TO	2,003		

Add for each additional family member:

4,180

NH Division of Public Health Services calculated from the Annual Revision of Poverty Income Guidelines as printed in the Federal Register between January and February of each year.