



## Indigent Health Care Program

Of Marion County Hospital District

1113 N. Walcott St., Suite B

Jefferson, Texas 75657

(903) 665-2161 Fax (903) 665-8011

### **INCOME GUIDELINES** **Effective February 7, 2025**

| <u><b>Persons in family/household</b></u> | <u><b>Income per month</b></u> | <u><b>Income per year</b></u> |
|---|--------------------------------|-------------------------------|
| 1   | \$1,304.                       | \$15,650.                     |
| 2   | \$1,763.                       | \$21,150.                     |
| 3   | \$2,221.                       | \$26,650.                     |
| 4   | \$2,679.                       | \$32,150.                     |
| 5   | \$3,138.                       | \$37,650.                     |
| 6   | \$3,596.                       | \$43,150.                     |
| 7   | \$4,054.                       | \$48,650.                     |
| 8   | \$4,513.                       | \$54,150.                     |

**For families /households with more than 8 persons, add \$5,500. for each additional person.**

**These guidelines are based on 100% of the Federal Poverty Guidelines as published by the Texas Department of Health.**

#### **ELIGIBILITY STANDARDS**

A person will be considered INDIGENT if the HOUSEHOLD INCOME is below 100% of the Federal Poverty Income Level as adopted by the Board of Directors of the Marion County Hospital District and they have resources of less than Two Thousand Dollars (\$2,000.) or Three Thousand (\$3,000.) if applicant or relative of applicant living in the same dwelling is aged or disabled. For the purpose of determining resources, a homestead on one (1) acre lot will not be considered a resource.

Any person applying for assistance from the Marion County Hospital District under the Indigent Health Care Program will be considered ineligible if ANY PERSON in the household over age eighteen (18) is eligible for assistance from any other government program, whether local, state, or federal, unless under the income guidelines. Applicants will be asked to furnish Marion County Hospital District proof of application and denial of any other program available to applicant.