

**NUECES COUNTY HOSPITAL DISTRICT  
 INDIGENT HEALTH CARE PROGRAM ELIGIBILITY  
 INCOME GUIDELINES FOR FINANCIAL ASSISTANCE  
 Approved Scale  
 Effective March 1, 2026**

		2026 HHS POVERTY GUIDELINES									NCHD  pays	
		15,960	21,640	27,320	33,000	38,680	44,360	50,040	55,720	61,400		67,080
		SIZE OF HOUSEHOLD										
		1	2	3	4	5	6	7	8	9		1*
MONTHLY  GROSS  FAMILY  INCOME	0	0	0	0	0	0	0	0	0	Add	100%	
	to	to	to	to	to	to	to	to	to	474		
	1330	1803	2277	2750	3223	3697	4170	4643	5117			
	1331	1804	2278	2751	3224	3698	4171	4644	5118	Add	90%	
	to	to	to	to	to	to	to	to	to	520		
	1463	1984	2504	3025	3546	4066	4587	5108	5628			
	1464	1985	2505	3026	3547	4067	4588	5109	5629	Add	80%	
to	to	to	to	to	to	to	to	to	568			
1596	2164	2732	3300	3868	4436	5004	5572	6140				
1597	2165	2733	3301	3869	4437	5005	5573	6141	Add	70%		
to	to	to	to	to	to	to	to	to	616			
1729	2344	2960	3575	4190	4806	5421	6036	6652				
1730	2345	2961	3576	4191	4807	5422	6037	6653	Add	60%		
to	to	to	to	to	to	to	to	to	653			
1835	2489	3142	3795	4448	5101	5755	6408	7061				
1836	2490	3143	3796	4449	5102	5756	6409	7062	Add	50%		
to	to	to	to	to	to	to	to	to	710			
1995	2705	3415	4125	4835	5545	6255	6965	7675				

GROSS FAMILY INCOME (monthly)

\*Add the amounts shown in last column for each additional family member of household if size of household exceeds 9 members.

Revised 02/18/2026