



Financial Assistance Program
Financial Counseling Services
 462 Grider Street, Room 1101
 Buffalo, NY 14215
 Office: 716-898-5566 Fax: 716-898-4338

FAMILY SIZE	FEDERAL POVERTY LEVEL	GROSS INCOME ELIGIBILITY SCALE			
		150% or less	151%-250%	251%-350%	351%-400%
		(Level 1)	(Level 2)	(Level 3)	(Level 4)
		Inpatient Services Patient Share			
		0%	20%	50%	75%
		Outpatient Services Patient Share			
		0%	15%	20%	25%
1	12,140	18,210	30,350	42,490	48,560
2	16,460	24,690	41,150	57,610	65,840
3	20,780	31,170	51,950	72,730	83,120
4	25,100	37,650	62,750	87,850	100,400
5	29,420	44,130	73,550	102,970	117,680
6	33,740	50,610	84,350	118,090	134,960
7	38,060	57,090	95,150	133,210	152,240
8	42,380	63,570	105,950	148,330	169,520
9	46,700	70,050	116,750	163,450	186,800
10	51,020	76,530	127,550	178,570	204,080
INCOME GUIDELINES EFFECTIVE 4/1/18 - 3/31/19 UNLESS MODIFIED PRIOR TO 3/31/19					