



**Financial Assistance Program Financial Counseling Service**  
**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	\$13,590	\$20,835	\$33,975	\$47,565	\$54,360
2	\$18,310	\$27,465	\$45,775	\$64,085	\$73,240
3	\$23,030	\$34,545	\$57,575	\$80,605	\$92,120
4	\$27,750	\$41,625	\$69,375	\$97,125	\$111,000
5	\$32,470	\$48,705	\$81,175	\$113,645	\$129,880
6	\$37,190	\$55,785	\$92,975	\$130,165	\$148,760
7	\$41,910	\$62,865	\$104,775	\$146,685	\$167,640
8	\$46,630	\$69,945	\$116,575	\$163,205	\$186,520
Income Guidelines Effective 4/1/22-3/31/23 Unless Modified Prior to 3/31/23					