



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		
		200% or below	201-300%	300-400%
		Level 1-2	Level 3	Level 4
		Inpatient and Outpatient Services Patient Share		
		0%	10%	20%
1	\$15,650	\$31,300	\$46,950	\$62,600
2	\$21,150	\$42,300	\$63,450	\$84,600
3	\$26,650	\$53,300	\$79,950	\$106,600
4	\$32,150	\$64,300	\$96,450	\$128,600
5	\$37,650	\$75,300	\$112,950	\$150,600
6	\$43,150	\$86,300	\$129,450	\$172,600
7	\$48,650	\$97,300	\$145,950	\$194,600
8	\$54,150	\$108,300	\$162,450	\$216,600
Income Guidelines Effective 02/15/25-01/31/26 Unless Modified Prior to 01/31/26				