



**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 Level 1	151-250% Level 2	251-350% Level 3	351-400% level 4
		<b>Inpatient Services Patient Share</b>			
		0	20%	50%	75%
		<b>Outpatient Services Patient Share</b>			
		0	15%	20%	25%
1	\$15,060	\$22,590	\$37,650	\$52,710	\$60,240
2	\$20,440	\$30,660	\$51,100	\$71,540	\$81,760
3	\$25,820	\$38,730	\$64,550	\$90,370	\$103,280
4	\$31,200	\$54,870	\$78,000	\$109,200	\$124,800
5	\$36,580	\$62,940	\$91,450	\$128,030	\$146,320
6	\$41,960	\$71,010	\$104,900	\$146,860	\$167,840
7	\$47,340	\$79,080	\$118,350	\$165,690	\$189,360
8	\$52,720	\$87,150	\$131,800	\$184,520	\$210,880
Income Guidelines Effective 2/18/24-3/31/25 Unless Modified Prior to 3/31/25					