



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	\$15,060	\$30,120	\$45,180	\$60,240
2	\$20,440	\$40,880	\$61,320	\$81,760
3	\$25,820	\$51,640	\$77,460	\$103,280
4	\$31,200	\$62,400	\$93,600	\$124,800
5	\$36,580	\$73,160	\$109,740	\$146,320
6	\$41,960	\$83,920	\$125,880	\$167,840
7	\$47,340	\$94,680	\$142,020	\$189,360
8	\$52,720	\$105,440	\$158,160	\$210,880

Income Guidelines Effective 10/21/24-3/31/25 Unless Modified Prior to 3/31/25