

January 2016 - December 2016 FEDERAL POVERTY LEVEL CHART FOR PRESUMPTIVE ELIGIBILITY (PE) AND INSTRUCTIONS

Federal Poverty Level Chart – Effective April 1, 2015 through March 31, 2016		
Number of Persons In The Family	213 Percent Monthly Income	213 Percent Annual Income
2	\$ 2,844	\$ 34,123
3	\$ 3,579	\$ 42,941
4	\$ 4,314	\$ 51,759
5	\$ 5,049	\$ 60,578
6	\$ 5,783	\$ 69,396
7	\$ 6,520	\$ 78,235
8	\$ 7,258	\$ 87,096
9	\$ 7,997	\$ 95,957
10	\$ 8,735	\$104,818
For each additional family member add:	\$ 739	\$8,861

INSTRUCTIONS TO DETERMINE IF APPLICANT QUALIFIES FOR PE SERVICES

Remember: the unborn child is counted as a member of the family.

1. Find the PE applicant's *total family income* and *family size* as it is stated on the *Provider Use Only* section of the *MC 263 PE for Pregnancy Application*. *Do not count income from child support or gifts.*
2. Compare the applicant's income and family size to the *2016 Federal Poverty Level Chart* above.

EXAMPLES

- A. A pregnant woman who lives alone requests PE services. Her monthly income is \$2,400. The mother and her unborn child would be counted as a two-person (2) family household. Comparing her income of \$2,400 to the chart's income for a family size of two (\$2,793), **she would qualify for PE services.**
- B. A pregnant woman with two children requests PE services. Her annual income is \$51,000. The mother, her unborn child, and her two children would be counted as a four-person (4) family household. Comparing her annual income of \$51,000 to the chart's annual income for a family of 4 (\$50,801), **she would not qualify for PE services.** The provider should encourage her to apply for Medi-Cal and other health insurance affordability programs through Covered California at www.CoveredCA.com.

If you have questions regarding this chart or the program, contact PE Support

Department of Health Care Services
 1501 Capitol Avenue, MS 4607
 Sacramento, CA 95814
 Email: PE@dhcs.ca.gov
 Fax: 916 440-5666