



**Community Health Center
of Southeast Kansas**

Community Health Center of SEK 2021 Financial Assistance Guidelines

ANNUAL		<i>* Medical / Behavioral Health / Dental fee</i>				
Income Level	<100%	<101%-133%	~134%-167%	~168%-200%	201+%>	
Amt. Owed (Med / BH / Dental) >	\$15 / \$25 / \$35*	\$25 / \$35 / \$45	\$35 / \$45 / \$55	\$45 / \$55 / \$65	100%	
MAXIMUM ANNUAL INCOME						
Family Size	A	B	C	D	E	
1	\$12,880	\$17,130	\$21,510	\$25,760	\$25,761 +	
2	\$17,420	\$23,169	\$29,091	\$34,840	\$34,841 +	
3	\$21,960	\$29,207	\$36,673	\$43,920	\$43,921 +	
4	\$26,500	\$35,245	\$44,255	\$53,000	\$53,001 +	
5	\$31,040	\$41,283	\$51,837	\$62,080	\$62,081 +	
6	\$35,580	\$47,321	\$59,419	\$71,160	\$71,161 +	
7	\$40,120	\$53,360	\$67,000	\$80,240	\$80,241 +	
8	\$44,600	\$59,318	\$74,482	\$89,200	\$89,201 +	
Each Additional Person	\$4,540	\$6,038	\$7,582	\$9,080		

MONTHLY						
Income Level	<100%	<101%-133%	~134%-167%	~168%-200%	201+%>	
Amt. Owed (Med / BH / Dental) >	\$15 / \$25 / \$35	\$25 / \$35 / \$45	\$35 / \$45 / \$55	\$45 / \$55 / \$65	100%	
Family Size	A	B	C	D	E	
1	\$1,073	\$1,428	\$1,792	\$2,147	\$2,148 +	
2	\$1,452	\$1,931	\$2,424	\$2,903	\$2,904 +	
3	\$1,830	\$2,434	\$3,056	\$3,660	\$3,661 +	
4	\$2,208	\$2,937	\$3,688	\$4,417	\$4,418 +	
5	\$2,587	\$3,440	\$4,320	\$5,173	\$5,174 +	
6	\$2,965	\$3,943	\$4,952	\$5,930	\$5,931 +	
7	\$3,343	\$4,447	\$5,583	\$6,687	\$6,688 +	
8	\$3,717	\$4,943	\$6,207	\$7,433	\$7,434 +	
Each Additional Person	\$378	\$503	\$632	\$757		

HOURLY						
Income Level	<100%	<101%-133%	~134%-167%	~168%-200%	201+%>	
Amt. Owed (Med / BH / Dental) >	\$15 / \$25 / \$35	\$25 / \$35 / \$45	\$35 / \$45 / \$55	\$45 / \$55 / \$65	100%	
Family Size	A	B	C	D	E	
1	\$6.19	\$8.24	\$10.34	\$12.38	\$12.39 +	
2	\$8.38	\$11.14	\$13.99	\$16.75	\$16.76 +	
3	\$10.56	\$14.04	\$17.63	\$21.12	\$21.13 +	
4	\$12.74	\$16.94	\$21.28	\$25.48	\$25.49 +	
5	\$14.92	\$19.85	\$24.92	\$29.85	\$29.86 +	
6	\$17.11	\$22.75	\$28.57	\$34.21	\$34.22 +	
7	\$19.29	\$25.65	\$32.21	\$38.58	\$38.59 +	
8	\$21.44	\$28.52	\$35.81	\$42.88	\$42.89 +	
Each Additional Person	\$2.18	\$2.90	\$3.65	\$4.37		

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* Gross Income used for calculations.

Source: <https://aspe.hhs.gov/poverty-guidelines>