



**Community Health Center of Southeast Kansas**  
**2024 Financial Assistance Guidelines**

<b>ANNUAL</b>					
<b>Income Level</b>	<b>&lt;100%</b>	<b>101%-133%</b>	<b>134%-167%</b>	<b>168%-200%</b>	<b>&gt;200%</b>
Medical*	\$15.00	\$25.00	\$35.00	\$45.00	100%
Behavioral	\$25.00	\$35.00	\$45.00	\$55.00	100%
Dental	\$35.00	\$45.00	\$55.00	\$65.00	100%
<b>MAXIMUM ANNUAL INCOME</b>					
<b>Family Size</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1	\$15,060	\$20,030	\$25,150	\$30,120	\$30,121 +
2	\$20,440	\$27,185	\$34,135	\$40,880	\$40,881 +
3	\$25,820	\$34,341	\$43,119	\$51,640	\$51,641 +
4	\$31,200	\$41,496	\$52,104	\$62,400	\$62,401 +
5	\$36,580	\$48,651	\$61,089	\$73,160	\$73,161 +
6	\$41,960	\$55,807	\$70,073	\$83,920	\$83,921 +
7	\$47,340	\$62,962	\$79,058	\$94,680	\$94,681 +
8	\$52,720	\$70,118	\$88,042	\$105,440	\$105,441 +
Each Additional Person	\$5,380	\$7,155	\$8,985	\$10,760	

<b>MONTHLY</b>					
<b>Income Level</b>	<b>&lt;100%</b>	<b>101%-133%</b>	<b>134%-167%</b>	<b>168%-200%</b>	<b>&gt;200%</b>
<b>Family Size</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1	\$1,255	\$1,669	\$2,096	\$2,510	\$2,511 +
2	\$1,703	\$2,265	\$2,845	\$3,407	\$3,408 +
3	\$2,152	\$2,862	\$3,593	\$4,303	\$4,304 +
4	\$2,600	\$3,458	\$4,342	\$5,200	\$5,201 +
5	\$3,048	\$4,054	\$5,091	\$6,097	\$6,098 +
6	\$3,497	\$4,651	\$5,839	\$6,993	\$6,994 +
7	\$3,945	\$5,247	\$6,588	\$7,890	\$7,891 +
8	\$4,393	\$5,843	\$7,337	\$8,787	\$8,788 +
Each Additional Person	\$448	\$596	\$749	\$897	

<b>HOURLY</b>					
<b>Income Level</b>	<b>&lt;100%</b>	<b>101%-133%</b>	<b>134%-167%</b>	<b>168%-200%</b>	<b>&gt;200%</b>
<b>Family Size</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
1	\$7.24	\$9.63	\$12.09	\$14.48	\$14.49 +
2	\$9.83	\$13.07	\$16.41	\$19.65	\$19.66 +
3	\$12.41	\$16.51	\$20.73	\$24.83	\$24.84 +
4	\$15.00	\$19.95	\$25.05	\$30.00	\$30.01 +
5	\$17.59	\$23.39	\$29.37	\$35.17	\$35.18 +
6	\$20.17	\$26.83	\$33.69	\$40.35	\$40.36 +
7	\$22.76	\$30.27	\$38.01	\$45.52	\$45.53 +
8	\$25.35	\$33.71	\$42.33	\$50.69	\$50.70 +
Each Additional Person	\$2.59	\$3.44	\$4.32	\$5.17	

*\*See CHC/SEK's Schedule of Discounted/Nominal Charges for a list of CHC/SEK services and discounted/nominal charges.  
 Published in Federal Register 01/12/2024; Board Approved 01/18/2024; Effective at CHC/SEK 02/01/2024.*

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

**(Gross Income Used for Calculations)**