

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
OFFICE OF AMBLULATORY CARE**

INDIGENCY DETERMINATION TABLE

133 1/3% FEDERAL POVERTY LEVEL

(Effective July 1, 2009)

Public-Private Partnership (PPP) Program (Net Family Income)*

Health Way LA (HWLA) (Gross Family Income)**

FAMILY MEMBERS LIVING IN THE HOME***	FAMILY INCOME MAXIMUM
<input type="checkbox"/> 1	at or below \$1,204
<input type="checkbox"/> 2	at or below \$1,620
<input type="checkbox"/> 3	at or below \$2,035
<input type="checkbox"/> 4	at or below \$2,451
<input type="checkbox"/> 5	at or below \$2,867
<input type="checkbox"/> 6	at or below \$3,281
<input type="checkbox"/> 7	at or below \$3,697
<input type="checkbox"/> 8	at or below \$4,113
<input type="checkbox"/> 9	at or below \$4,528
<input type="checkbox"/> 10	at or below \$4,994

More than 10 Members

For each additional member, add \$416

* *Net family monthly income means the income received by the patient's household members less taxes.*

** *Gross family monthly income means total income including mandatory deductions (e.g., State and Federal taxes FICA, DSI, mandatory union/retirement). Do not include voluntary deductions (e.g., credit union deductions, health insurance, life insurance, voluntary union dues, 401K, etc). Please refer to HWLA Income Calculation Worksheet.*

*** *Include unborn in family size. (Be sure to evaluate family size for potential Medi-Cal eligibility in this case.)*