**Purpose:** To provide indigent healthcare coverage to all patients of the hospital district using the State of Texas mandated County Indigent Health Care Program

**Eligibility Requirements:**

**Residency**

Applicants must live in the District or County in which the Hospital is located. A person lives in the District if the person has a fixed habitation is located in the District or County and intends to return to the District after any temporary absences. Persons do not lose their residence status because of temporary absences from the District. No time limits are placed on a person's absence from the District. For example, a migrant or seasonal worker may travel during certain times of the year but maintains a fixed home and returns to that home after these temporary absences. The worker does not lose residence status as long as he intends to return to his fixed home.

Residence in the District or County may be proved by any of the following: Texas driver's license; school enrollment records; housing payment receipts; utility bills; voter registration; or food stamp eligibility letters.

If a person proves District residency at application, the person remains a District resident until factual evidence proves otherwise.

There are no duration requirements for residency. Persons with no fixed residence or new residents in the District or County who declare their intent to remain in the District or County and who verify this intent are considered District or County residents. A person who moves to the district solely to obtain healthcare is not considered a resident.

**Income**

The Hospital shall provide indigent health care assistance with no obligation to pay for services rendered to those uninsured residents who have a net monthly income that does not exceed 21% of the Federal Poverty Guidelines for the household's size, has resources of less than $2,000 monthly, and is not eligible for Medicaid. Net monthly income is gross monthly income minus allowable deductions. The following are the allowable deductions:

1. Allow a standard work-related expense deduction of $120 a month for each employed household member.

2. Deduct 1/3 of the remaining earned income for each employed household member.

3. Deduct payments for the actual costs for the care of a dependent child or incapacitated adult, if necessary for employment. The maximum dependent care deduction is $200 per month for each dependent or incapacitated adult.

The Hospital may require that the applicant verify his or her gross yearly household income by supplying any of the following:

Pay Check Remittance

Telephone verification by employer of the applicant's annual gross income

Bank Statements

IRS Form W-2, Wage and Earnings Statement

Tax Return

Social Security

Workers Compensation

 Unemployment Compensation or Government Program Determination Letters