

**GREENE COUNTY GENERAL HOSPITAL
FINANCIAL AID GUIDELINES
2020**

Number in Family	Discount 100%	Discount 80%	Discount 70%	Discount 60%	Discount 40%	Discount 20%
1	\$12,760	\$15,312	\$17,864	\$20,416	\$22,968	\$25,520
2	17,240	\$20,688	\$24,136	\$27,584	\$31,032	\$34,480
3	21,720	\$26,064	\$30,408	\$34,752	\$39,096	\$43,440
4	26,200	\$31,440	\$36,680	\$41,920	\$47,160	\$52,400
5	30,680	\$36,816	\$42,952	\$49,088	\$55,224	\$61,360
6	35,160	\$42,192	\$49,224	\$56,256	\$63,288	\$70,320
7	39,640	\$47,568	\$55,496	\$63,424	\$71,352	\$79,280
8	44,120	\$52,944	\$61,768	\$70,592	\$79,416	\$88,240
% OF POVERTY	100%	120%	140%	160%	180%	200%

For families/households with more than 8 persons, add \$4,480 for each additional person.

Data Source: HHS 2020 Poverty Guidelines
<https://aspe.hhs.gov/poverty-guidelines>
 48 Contiguous States and the District of Columbia