THE UNIVERSITY OF NEW MEXICO ◆ HEALTH SCIENCES CENTER
UNIVERSITY HOSPITALS

LOCATIONS:

Cancer Treatment Center – 1201 Camino De Salud – 272-6637
Peds Clinic – 3rd floor – 272-2345
1131 University N.E. Suite D-272-2521
IHS-801 Vassar N.E. 248-4069
Young Childrens-272-9242-302 San Pueblo SE
UPC-2600 Marble NE-272-1995
SEH-8200 Central SE-272-5885

CHECKLIST FOR FINANCIAL ASSISTANCE AT UNIVERSITY HOSPITALS

University Hospital has programs that may be able to assist you with your medical bills at UH. Eligibility is dependent on your residency, the number of people in your family, your assets and your family income.

Please call us at 272-2521 to make an appointment if you would like to apply.

In order for us to verify your current situation you will need to bring in the information that applies to you and your spouse when you come for your appointment.

Please bring with you the names, dates of births and social security numbers of all of the members of your immediate family who live with you. Current ID and or Drivers License for both applicant and spouse, Social Security Card & Birth Certificate. (CIB) Certificate of Indian Blood.

PROOF OF INCOME:

We need **current** paycheck stubs or a letter from the company/person that you work for that reflects one month's income for all applicable household members**.. If you or any applicable household member receives any other source of income, please provide that information as well**. These are some examples of other income that you need to prove:

- **Child support, alimony (received or paid by you)**
- **4 most recent Check stubs**
- **Pensions, Retirement**
- **Self Employed: bring in Taxes to include 1040 & Schedule C.**
- **Birth Certificate**
- **Social Security or VA Benefits**
- **(Award Letter for Social Security & Unemployment indicating weekly and/or monthly income)**
- **Disability Income, Workers Compensation**
- **School Grants and Scholarships**

PROOF OF RESIDENCY

We need proof that you have been living in Bernalillo County (or your current residency if you live out of county). To prove this, please bring in one of the following:

- Utility bill – in applicants name
- Property taxes – in applicants name
- Lease or rental agreement – in applicants name

PROOF OF ASSETS:

We need proof of any assets you may own. These are examples of assets:

- Bank Accounts-Savings and Checking
- Stocks, Mutual Funds, Bonds
- Land or House that you do NOT live in
- Certificates of deposits
- Trust Funds

MISCELLANEOUS:

If you were not born in the USA, please bring in your resident alien card, employment authorization card, Certificate of Citizenship, VISA, or other documentation from INS.

Please bring in your Insurance, Medicare or Medicaid card(s) if you are eligible

8/10

2010 POVERTY GUIDELINES*

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINES

FAMILY PERCENT OF POVERTY GUIDELINE

SIZE	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	10,830.00	12,996.00	14,403.90	14,620.50	16,245.00	18,952.50	20,035.50	21,660.00	27,075.00
2	14,570.00	17,484.00	19,378.10	19,669.50	21,855.00	25,497.50	26,954.50	29,140.00	36,425.00
3	18,310.00	21,972.00	24,352.30	24,718.50	27,465.00	32,042.50	33,873.50	36,620.00	45,775.00
4	22,050.00	26,460.00	29,326.50	29,767.50	33,075.00	38,587.50	40,792.50	44,100.00	55,125.00
5	25,790.00	30,948.00	34,300.70	34,816.50	38,685.00	45,132.50	47,711.50	51,580.00	64,475.00
6	29,530.00	35,436.00	39,274.90	39,865.50	44,295.00	51,677.50	54,630.50	59,060.00	73,825.00
7	33,270.00	39,924.00	44,249.10	44,914.50	49,905.00	58,222.50	61,549.50	66,540.00	83,175.00
8	37,010.00	44,412.00	49,223.30	49,963.50	55,515.00	64,767.50	68,468.50	74,020.00	92,525.00

For family units of more than 8 members, add $3,740 for each additional member.

MONTHLY GUIDELINES

FAMILY PERCENT OF POVERTY GUIDELINE

SIZE	100%	120%	133%	135%	150%	175%	185%	200%	250%
1	902.50	1,083.00	1,200.33	1,218.38	1,353.75	1,579.38	1,669.63	1,805.00	2,256.25
2	1,214.17	1,457.00	1,614.84	1,639.13	1,821.25	2,124.79	2,246.21	2,428.33	3,035.42
3	1,525.83	1,831.00	2,029.36	2,059.88	2,288.75	2,670.21	2,822.79	3,051.67	3,814.58
4	1,837.50	2,205.00	2,443.88	2,480.63	2,756.25	3,215.63	3,399.38	3,675.00	4,593.75
5	2,149.17	2,579.00	2,858.39	2,901.38	3,223.75	3,761.04	3,975.96	4,298.33	5,372.92
6	2,460.83	2,953.00	3,272.91	3,322.13	3,691.25	4,306.46	4,552.54	4,921.67	6,152.08
7	2,772.50	3,327.00	3,687.43	3,742.88	4,158.75	4,851.88	5,129.13	5,545.00	6,931.25
8	3,084.17	3,701.00	4,101.94	4,163.63	4,626.25	5,397.29	5,705.71	6,168.33	7,710.42

Produced by: CMSO/DEHPG/DEEO

**** In accordance with section 1012 of the Department of Defense Appropriations Act of 2010, the poverty guidelines published on***
January 23, 2009 willl remain in effect until updated poverty guidelines are published in March 2010.