



Appendix 14

2026 Federal Poverty Guidelines (FPG)

Number in Household	Income Limit 250% FPG – CYSHCN Payment Programs				
	Annual	Monthly	Twice monthly	Bi-weekly	Weekly
		x12 for Annual	x24 for Annual	x26 for Annual	x52 for Annual
1	\$39,900	\$3,325	\$1,663	\$1,535	\$767
2	\$54,100	\$4,508	\$2,254	\$2,081	\$1,040
3	\$68,300	\$5,692	\$2,846	\$2,627	\$1,313
4	\$82,500	\$6,875	\$3,438	\$3,173	\$1,587
5	\$96,700	\$8,058	\$4,029	\$3,719	\$1,860
6	\$110,900	\$9,242	\$4,621	\$4,265	\$2,133
7	\$125,100	\$10,425	\$5,213	\$4,812	\$2,406
8	\$139,300	\$11,608	\$5,804	\$5,358	\$2,679
9	\$153,050	\$12,754	\$6,377	\$5,887	\$2,943
10	\$166,800	\$13,900	\$6,950	\$6,415	\$3,208

Number in Household	Annual Income Limit – Multiple Assistance Programs						
	100%	130%	175%	194%	200%	208%	250%
1	\$15,960	\$20,352	\$27,930	\$30,962	\$31,920	\$33,197	\$39,900
2	\$21,640	\$27,504	\$37,870	\$41,982	\$43,280	\$45,011	\$54,100
3	\$27,320	\$34,656	\$47,810	\$53,001	\$54,640	\$56,826	\$68,300
4	\$33,000	\$41,796	\$57,750	\$64,020	\$66,000	\$68,640	\$82,500
5	\$38,680	\$48,948	\$67,690	\$75,039	\$77,360	\$80,454	\$96,700
6	\$44,360	\$56,100	\$77,630	\$86,058	\$88,720	\$92,269	\$110,900
7	\$50,040	\$63,252	\$87,570	\$97,078	\$100,080	\$104,083	\$125,100
8	\$55,720	\$70,404	\$97,510	\$108,097	\$111,440	\$115,898	\$139,300
9							\$153,050
10							\$166,800
Eligible Programs (Medicaid, DPH CYSHCN, USDA)	Aged, Blind, or Disabled	SNAP (until Sept 30, 2026 – Gross income) per FNS Guideline		Pregnant Women and Infants, Family Planning (as of 3/1/26)	Medically Indigent Assistance Program	Partners for Healthy Children (as of 3/1/26)	All CYSHCN Programs

For families/households with more than 8 people, add \$5,680 for each additional person to the 100% FPL annual income.

*Sources:

- US HHS: (<http://aspe.hhs.gov/poverty-guidelines>)
- USDA: (<https://www.fns.usda.gov/snap/recipient/eligibility>)
- SC Healthy Connections Medicaid: [Program Eligibility and Income Limits | SCDHHS](#)
 - Note: Partners for Healthy Children limits are based upon Monthly Income limits. See link above for exact monthly income limits.



ATTACHMENT
CYSHCN Financial Assistance Eligibility Determination
QUICK REFERENCE GUIDE & WORKSHEET

	ELIGIBILITY CRITERIA SUMMARY						
	✓ = YES (see CYSHCN policy manual for detailed information)						
	US citizen or lawful permanent resident	SC resident	Medicaid Served*	Age <18 years	Age 18-21 years w/Medicaid	Household Income ≤ 250% FPG	Covered condition
CRS	✓	✓		✓		✓	✓
Orthodontic	✓	✓		✓		✓	✓
Hearing	✓	✓	✓	✓	✓	✓	✓
Special Formula	✓	✓	✓	✓		✓	**
Hemophilia	✓	✓		✓		✓	**
Adult Sickle Cell	✓	✓				✓	**

*Limitations may apply. See CYSHCN Policy Manual Appendix 1.

**Central Office approval required

INCOME CALCULATION WORKSHEET				
Household members whose income supports applicant	Source*, documents viewed to verify	Amount verified and Frequency	Gross or Net	Total per _____
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$
		\$ per		\$
# Household Members _____ Total Gross Income \$ _____ Total Net Income \$ _____ (*Source: salary, wage, SSI, retirement, self-employment, etc.)				

Purpose

Appendix 14: 2026 Federal Poverty Guidelines' is used to determine eligibility for CYSHCN financial assistance by authorized DPH staff.

Attachment: Quick Reference Guide & Worksheet contains an eligibility criteria summary and a household income calculation worksheet. Authorized DPH staff may use this Attachment (with copy of CYSHCN Financial Assistance Services Overview policy Table III-1) as a courtesy worksheet.

Office Mechanics and Filing

Appendix 14, including corresponding Attachment, is Not retained by the CYSHCN Section and is not filed in the DPH medical record.