

Western Highlands Network
State Funding Eligibility Statement

Eligibility Criteria

200 % Federal Poverty Level as of January 20,2011

If your family size and income exceed the limits set below, please initial here _____. Date _____.

(Agency staff should circle the applicable family size and annual income, and include your financial intake form with this Eligibility statement.)

200% federal poverty level as of January 20, 2011

Family Size	Annual Income	Monthly Income
1	\$21,780	\$1,815
2	\$29,420	\$2,452
3	\$37,060	\$3,088
4	\$44,700	\$3,725
5	\$52,340	\$4,362
6	\$59,980	\$4,998
7	\$67,620	\$5,635
8	\$75,260	\$6,272

Eligibility is based on the preceding one-month's pay stub.

If your income is higher than the guidelines above, you may qualify for State Funded Mental Health coverage. If your income falls below these guidelines, you may qualify for North Carolina Health Choice if there are children in your family, or you may qualify for Medicaid. Your agency will advise you about how you can access these Mental Health Care funding sources. If you do not qualify for either of these funding sources, and your income and family size are more than the guidelines, we will use this form in place of denial verification from either Medicaid or Health Choice.

_____ Client Name	_____ Client Number	_____ Date of Birth
_____ Person Completing Form Signature	_____ Date	_____ Agency
_____ Consumer (or Guardian) signature	_____ Guardian (If Applicable) Signature	_____ Date of signature