



TEXAS
Health and Human
Services

County Indigent Health Care Program Monthly Income Standard Based on 2025 Federal Poverty Level (FPL)

Effective March 1, 2025

Household	21% FPL Minimum Income Standard	50% FPL Maximum Income Standard
1	\$274	\$652
2	\$370	\$881
3	\$466	\$1,110
4	\$563	\$1,340
5	\$659	\$1,569
6	\$755	\$1,798
7	\$851	\$2,027
8	\$948	\$2,256
9	\$1044	\$2,485
10	\$1140	\$2,715
11	\$1236	\$2,944
12	\$1333	\$3,173

A household is eligible if its monthly net income, after rounding down cents, does not exceed the monthly income standard for the CIHCP household's size. The FPL is calculated and published each calendar year at [Poverty Guidelines](#).