HealthPAC Screening Ouestions

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1.	Is the applicant/beneficiary a resident of Alameda County?
	\square If Yes, Continue to Question 2.
	\square If No, Client is not eligible for HealthPAC.
2.	Does the applicant/beneficiary's income qualify for HealthPAC?
	 What is the applicant/beneficiary's household size?
	• What is the total gross monthly income for their household?
	ompare the client's household size and gross monthly income with the Federal Poverty Level art.
	• Is client's gross monthly income less than 200% of the Federal Poverty Level?
	\Box If Yes, client is eligible to be enrolled in HealthPAC.
	\square If No, client is not eligible for HealthPAC.
3.	Is the client a citizen or lawful permanent resident who has resided in the United States for at least five years?
	\Box If Yes, client might be eligible to be enrolled in HealthPAC with no copays.
	\Box If No, client maybe eligible for HealthPAC-County which is a county only program with limited benefits.

	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$227	\$454	\$681	\$735	\$908	\$1,207	\$1,588	\$1,815	\$2,269	\$2,723
2	\$306	\$613	\$919	\$993	\$1,226	\$1,630	\$2,145	\$2,452	\$3,065	\$3,678
3	\$386	\$772	\$1,158	\$1,251	\$1,544	\$2,054	\$2,702	\$3,088	\$3,860	\$4,633
4	\$466	\$931	\$1,397	\$1,509	\$1,863	\$2,477	\$3,259	\$3,725	\$4,656	\$5,588
5	\$545	\$1,090	\$1,636	\$1,766	\$2,181	\$2,901	\$3,816	\$4,362	\$5,452	\$6,543
6	\$625	\$1,250	\$1,874	\$2,024	\$2,499	\$3,324	\$4,374	\$4,998	\$6,248	\$7,498
7	\$704	\$1,409	\$2,113	\$2,282	\$2,818	\$3,747	\$4,931	\$5,635	\$7,044	\$8,453
8	\$784	\$1,568	\$2,352	\$2,540	\$3,136	\$4,171	\$5,488	\$6,272	\$7,840	\$9,048