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INCOME ELIGIBILITY GUIDELINES FOR PATIENTS

The VSFC provides medical and dental care to persons of low income. Please refer to the income guidelines below to determine eligibility based on the number of persons living in the household. All persons must provide proof of household income (current income information for each person living in the household at the time of service) at the time of enrollment AND verify current income at each visit.

Household Size	Annual Income	Monthly Income	Weekly Income	Hourly Wage
1	\$21,660	\$1,805	\$417	\$10.41
2	\$29,140	\$2,428	\$560	\$14.01
3	\$36,620	\$3,052	\$704	\$17.61
4	\$44,100	\$3,675	\$848	\$21.20
5	\$51,580	\$4,298	\$992	\$24.80
6	\$59,060	\$4,922	\$1,136	\$28.39
7	\$66,540	\$5,545	\$1,280	\$31.99
8	\$74,020	\$6,168	\$1,423	\$35.59
For each additional person, add:	\$7,480	\$623	\$144	\$3.60

The figures above represent household income guidelines at 200% of Federal Poverty Level for 2009. (Source: Federal Register 1/23/09.)