



Financial Hardship Pricing Income Guidelines

Nine Short Months is committed to providing compassionate care to all who would like it at a price that is affordable for those that are truly low income. This is a public outreach service available to a limited number of clients each month and is intended for those experiencing an **actual financial hardship**. Please refer to the chart below in order to determine if you qualify for our discounted rate.

Income eligibility is to be determined by total income per family unit (family unit includes involved birth partner even if not married or living together and baby you are pregnant with)

Gross Income At or Below

Household size	Annually	Monthly	Twice monthly	Biweekly	Weekly
2	31284	2607	1304	1204	602
3	39461	3289	1645	1518	759
4	47638	3970	1985	1833	917
5	55815	4652	2326	2147	1074
6	63992	5333	2667	2462	1231
7	72169	6015	3008	2776	1388
8	80346	6696	3348	3091	1546
9	88523	7377	3689	3405	1703
Each family member add	+8177	+682	+341	+315	+158

In order to receive a discounted price, you must certify that you meet the income guidelines above.

I meet the income guidelines above including myself, my involved birth partner, children, and the baby I am pregnant with in order to receive a reduced-price birth fee.

Financial Hardship Affirmation

Electronically signed by: Sample Form

Date: 06/11/2021