



SMP Health

St. Aloisius

Financial Assistance - Caring Program

The Caring Program may provide financial assistance for eligible patient balances in accordance with established federal guidelines and hospital policy.

To be considered for financial assistance, applicants must submit the following documentation:

- A completed Caring Program Application with all required signatures
- A copy of the applicant's most recent **Federal Income Tax Return, or**
 - If no tax return was filed, a completed and signed **IRS Form 4506-T Request for Transcript of Tax Return**
- Documentation of **Medicaid denial**
- Documentation of **Medicaid Expansion denial**

Medicaid and Medicaid Expansion application/eligibility determination must be completed prior to financial assistance review.

Please submit the completed application and all supporting documentation to the **Business Office at SMP Health - St. Aloisius**. Incomplete applications may delay processing or result in inability to determine eligibility.

For questions regarding the Caring Program or assistance with the application process, please contact the Business Office. 701-324-4651 ext. 5139

Thank you.

2026 HHS Poverty Guidelines (Effective 1-1-2026)

Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	0% Pay	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	\$ 15,960	\$ 19,950	\$ 23,940	\$ 27,930	\$ 31,920	\$ 35,910
2	\$ 21,640	\$ 27,050	\$ 32,460	\$ 37,870	\$ 43,280	\$ 48,690
3	\$ 27,320	\$ 34,150	\$ 40,980	\$ 47,810	\$ 54,640	\$ 61,470
4	\$ 33,000	\$ 41,250	\$ 49,500	\$ 57,750	\$ 66,000	\$ 74,250
5	\$ 38,680	\$ 48,350	\$ 58,020	\$ 67,690	\$ 77,360	\$ 87,030
6	\$ 44,360	\$ 55,450	\$ 66,540	\$ 77,630	\$ 88,720	\$ 99,810
7	\$ 50,040	\$ 62,550	\$ 75,060	\$ 87,570	\$ 100,080	\$ 112,590
8	\$ 55,720	\$ 69,650	\$ 83,580	\$ 97,510	\$ 111,440	\$ 125,370

***** More than eight (8) members in the family, add \$5,680 for each additional person**

SOURCE: aspe.hhs.gov; updated 1/1/2026