

**SMP Health – St. Andrew’s  
Caring Program Could Help You Save Up To 100% On Your Bill**

The Caring Program may assist you financially with your bills at our facilities if you meet federal guidelines.

Please fill in the front and back of the first sheet and sign your name(s) where indicated at the bottom of the back page. Please attach a copy of your most current Federal Income Tax form. Per Federal guidelines, if you did not file income taxes please fill out the 4506-T Request for Transcript of Tax Return form and sign your name(s) at the bottom as indicated. Please include proof of Medicaid denial and Medicaid Expansion denial.

Please mail requested information with the application form to Brianna at SMP Health – St Andrew’s. Please call Phyllis at 701-228-9356 or come to the hospital business office if you have any questions. Thank you.

**SMP Health – St. Andrew’s  
Policy and Procedure  
Caring (Charity) Program  
2026 HHS Poverty Guidelines  
(Effective 1-15-2026)**

<b>Poverty Level</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>&gt;200%</b>
<b>Family Size</b>	<b>0% pay</b>	<b>20% pay</b>	<b>40% pay</b>	<b>60% pay</b>	<b>80% pay</b>	<b>100% pay</b>
<b>1</b>	15,960	19,950	23,940	27,930	31,920	31,921
<b>2</b>	21,640	27,050	32,460	37,870	43,280	43,281
<b>3</b>	27,320	34,150	40,980	47,810	54,640	54,641
<b>4</b>	33,000	41,250	49,500	57,750	66,000	64,301
<b>5</b>	38,680	48,350	58,020	67,690	77,360	75,301
<b>6</b>	44,360	55,450	66,540	77,630	88,720	86,301
<b>7</b>	50,040	62,550	75,060	87,570	100,080	97,301
<b>8</b>	55,720	69,650	83,580	97,510	111,440	108,301

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

**SOURCE:** aspe.hhs.gov; updated 1/20/2026