

Eligibility for **Pregnancy Medical** through DSHS

① What is your family’s monthly income (before taxes)?

- Don’t forget to include any **benefits** received from agencies like DSHS, SSI, L&I worker’s compensation, unemployment.
- If you are **self-employed**, call 1-800-735-7040 for more information on the additional deductions you are allowed to take.
- Subtract any monthly work-related **child or adult care expenses** you pay.
- Subtract all monthly court ordered **child support payments** you pay for a child living outside the home.
- **Subtract \$90** for each working adult in the household (This is an "earned income credit").

② How many people are in your family?

- Include unborn child as a family member
- Include the pregnant woman
- Include the unborn child’s father if he is married to the mother or has other children with her **and** is living in the home.
- Include the mother’s other dependant children under 19

③ Compare to see if your family’s income is under the limit for this program.

Family Members	You qualify for medical coverage for your Pregnancy
1	*Unborn child counts in family size
2	2111
3	2647
4	3184
5	3720
6	4257
7	4792
8	5330
9	5866
10	6403
More members?	Add \$537 for each additional person

****Remember: there is no asset (resource) limit for this program.**