

*****TEXAS CHILDREN'S MEDICAID/CHIP INCOME GUIDELINES*****

***EFFECTIVE APRIL 1, 2024 THROUGH MARCH 31, 2025**

YOUR INCOME IS THE MONEY YOU GET PAID BEFORE TAXES ARE TAKEN OUT. FIND YOUR FAMILY SIZE ON THE TABLE BELOW. IF YOUR MONTHLY INCOME IS THE SAME OR LESS, YOUR CHILD MIGHT GET CHILDREN'S MEDICAID.

FAMILY MEMEBERS (ADULTS PLUS CHILDREN)				MONTHLY GROSS INCOME			
1*				\$1,670			
2				\$2,266			
3				\$2,862			
4				\$3,458			
5				\$4,055			
6				\$4,651			
7				\$5,247			
8				#5,844			
FOR EACH ADDITIONAL PERSON, ADD:				\$597			

*A FAMILY OF ONE MIGHT BE A CHILD WHO DOES NOT LIVE WITH A PARENT OR OTHER RELATIVE.
IF YOUR INCOME IS HIGHER THAN THE LIMITS LISTED ABOVE, CHECK THE LIMITS BELOW FOR CHIP.

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FAMILY MEMEBERS (ADULTS PLUS CHILDREN)				MONTHLY GROSS INCOME			
1*				\$2,523			
2				\$3,424			
3				\$4,325			
4				\$5,226			
5				\$6,128			
6				\$7,029			
7				\$7,930			
FOR EACH ADDITIONAL PERSON, ADD:				\$902			

*A FAMILY OF ONE MIGHT BE A CHILD WHO DOES NOT LIVE WITH A PARENT OR OTHER RELATIVE.

