



Beacon Clinic for Health and Hope, as a non-profit organization supported by generous donations from individuals, church, grants and foundations, has defined criteria for patient eligibility.

Those eligible for services:

- o Must be an adult, 18 years or older
- o Live or work in the Greater Harrisburg Area
- o Meet gross annual income within 300% of the Federal Poverty Guidelines:

2026 Federal Poverty Guidelines (all States excluding Alaska & Hawaii)		
Family Size	100%	300%
1	\$15,960.00	\$47,880.00
2	\$21,640.00	\$64,920.00
3	\$27,320.00	\$81,960.00
4	\$33,000.00	\$99,000.00
5	\$38,680.00	\$116,040.00
6	\$44,360.00	\$133,080.00
7	\$50,040.00	\$150,120.00
8	\$55,720.00	\$167,160.00
9	\$61,400.00	\$184,200.00
10	\$67,080.00	\$201,240.00
11	\$72,760.00	\$218,280.00
12	\$78,440.00	\$235,320.00
13	\$84,120.00	\$252,360.00
14	\$89,800.00	\$269,400.00
each addtl	\$5,680	\$17,040

Household definition: Grandparents, Parent(s), Children, Partners (boyfriend, girlfriend, spouse), Grandchildren if grandparents have legal custody of grandchild(ren) or if grandchild(ren's) parent are included in the household.

Note: Cousins, friends, adult siblings, etc. DO NOT count as household members except in special circumstances.

This definition of household will impact all scenarios contained in the eligibility document. Each household must have at least one qualifying member for the household to be eligible for Beacon Clinic services.

- o Not eligible for Medical Assistance, Medicare, Veteran's Benefits or Social Security Disability
- o Must not have private health insurance
- o **Be able to provide the following documents to Eligibility:**

Photo ID	Current Monthly Household Income – copy of pay stub, recent Federal Income Tax Return
Verification of Residence (utility bill, mortgage/rent payment, car payment)	Food Stamp Verification