



Eligibility 2024

The Dr. Mary Ludwig Free Clinic provides medical and dental care to people and families who:

- are residents of Montgomery County;
- have a household income at or below 300% of the Federal Guidelines (See household sizes below); and
- do not have health insurance, Medicaid, Medicare, or HIP 2.0

If this describes you, then please fill out an online application at mcfreeclinic.org. Applications are also available in print at the Clinic on registration days. Once you have the form completed with all necessary documents, please return to the Clinic during normal business hours. All applications will be processed on a case-by-case basis. If you are unsure of your eligibility, please fill out an application and stop by the clinic during normal business hours to speak with our staff about registering for care.

What is 300% of the Federal Income Guidelines?

The United States Department of Health and Human Services determines the definition of the income level on a yearly basis. The table below outlines the description of 300% below the income guidelines for 2024. To become a clinic patient, your household income must be at or below the amounts listed in the table below for your particular household size:

Persons in Household	Household Income
1	\$45,180
2	\$61,320
3	\$77,460
4	\$93,600
5	\$109,740
6	\$125,880
Each Additional Person	Add \$16,140

Required Documents for Care (one document from each column)

Proof of Identity	Proof of Montgomery County Residency	Proof of Current Gross Income (including all family members living in household)
<p>Government-issued photo ID, OR Passport, OR Green Card</p>	<p>Copy of utility bill, telephone bill, credit card statement or bank statement; OR Correspondence from employer, Social Security Administration (SSA) or other government agency; OR Copy of rental or lease agreement.</p>	<p>Most recent federal Income Tax return; OR Two most recent pay stubs (including unemployment checks) or letter from employer stating hours worked and rate of pay; OR Letter from the SSA, Veterans Administration, or any other agency from which a benefit is received showing the monthly allowance. If this is a direct deposit, then the most recent bank statement; OR If you have no income, please bring a signed and dated statement to that effect.</p>

If you have any concerns or question, you may call or visit the clinic during regular business hours or email us.