

Eligibility Criteria: (Effective January 1, 2016)

ALL Women must:

- Be at or below 250% of the Federal Poverty Level – See chart below
- Be 40 to 64 for Mammograms, 21 to 64 for Pap Tests, and 30-64 for CVD
- Have no health insurance* or
- Have a high insurance deductible (\$1,000 or more)

*Women 65+ who are not enrolled in Medicare Part B may be eligible to receive CBCCEDP services.

FEDERAL & STATE INCOME ELIGIBILITY GUIDELINES

*(Based on 250% of the 2015-2016 Federal Poverty Guidelines)***

Household gross income must be less than or equal to the following:

Family Size	Annual Income	Monthly Income	Weekly Income
1-person family	\$29,425.00	\$2,452.00	\$566.00
2-person family	\$39,825.00	\$3,319.00	\$766.00
3-person family	\$50,225.00	\$4,185.00	\$966.00
4-person family	\$60,625.00	\$5,052.00	\$1,166.00
5-person family	\$71,025.00	\$5,919.00	\$1,366.00
6-person family	\$81,425.00	\$6,785.00	\$1,566.00
7-person family	\$91,825.00	\$7,652.00	\$1,766.00
8-person family	\$102,225.00	\$8,519.00	\$1,966.00
For each additional family member, add:	\$10,400.00	\$867.00	\$200.00

For more information contact: The Connecticut Department of Public Health, 860-509-8251 or Contact your local health care provider program listed below.

TOWN	LOCATION	PHONE
Bridgeport	Bridgeport Hospital	203-384-3775
Danbury	Western CT Health Network	203-791-5079
Hartford	Hartford HealthCare	860-545-3078
Hartford	St Francis Hospital	860-714-4680
Manchester	Eastern CT Health Network	860-872-5368
Middletown	Community Health Center	860-347-6971 x3661
New Haven	Yale New Haven Hospital	203-688-2219
New London	Lawrence & Memorial Hospital	860-442-0711 x2197
Stamford	Stamford Hospital	203-276-5954
Torrington	Charlotte Hungerford Hospital	860-496-6513
Waterbury	St. Mary's Hospital	203-709-3800
Willimantic	Windham Hospital	860-456-6896