



Judicial Council of California · Administrative Office of the Courts

455 Golden Gate Avenue · San Francisco, California 94102-3688

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REPORT TO THE JUDICIAL COUNCIL

For business meeting on: February 20, 2013

Title	Agenda Item Type
Judicial Council Forms: Change in Federal Poverty Guidelines	Action required
Rules, Forms, Standards, or Statutes Affected	Effective Date
Amend forms FW-001, APP-015/FW-015-INFO, and JV-132	February 20, 2014
Recommended by	Date of Report
Civil and Small Claims Advisory Committee	January 30, 2014
Hon. Patricia M. Lucas, Chair	Contact
Family and Juvenile Law Advisory Committee	Anne M. Ronan, 415-865-8933
Hon. Kimberly J. Nystrom-Geist, Cochair	anne.ronan@jud.ca.gov
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Appellate Advisory Committee	corby.sturges@jud.ca.gov
Hon. Raymond J. Ikola, Chair	Heather Anderson, 415-865-7691
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Executive Summary

The Civil and Small Claims, the Family and Juvenile Law, and the Appellate Advisory Committees recommend that three Judicial Council forms containing figures based on the federal poverty guidelines be amended to reflect the changes in those guidelines recently published by the federal government.

Recommendation

The Civil and Small Claims Advisory Committee recommends that the Judicial Council revise *Request to Waive Court Fees* (form FW-001) and *Information Sheet on Waiver of Appellate Court Fees (Supreme Court, Court of Appeal, Appellate Division)* (form APP-015/FW-015-INFO) to reflect 2014 increases in the federal poverty guidelines.

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council revise *Financial Declaration—Juvenile Dependency* (form JV-132) to reflect 2014 increases in the federal poverty guidelines.

The revised forms are attached at pages 4–10.

Previous Council Action

The council last revised the *Request to Waive Court Fees* (form FW-001) on February 26, 2013, to reflect the last change in the federal poverty guidelines. The council revised the *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO) at the same time. That form was also revised in October 2011 to reflect new appellate filing fees.

The *Financial Declaration—Juvenile Dependency* (form JV-132) was adopted on October 26, 2012, for a January 1, 2013, effective date, and was revised on February 26, 2013, to reflect the change in the poverty guidelines.

Rationale for Recommendation

Fee Waiver forms

The eligibility of indigent litigants to proceed without paying filing fees or other court costs is determined by California Government Code section 68632. Among other things, section 68632(b) provides that a fee waiver shall be granted to litigants whose household monthly income is 125 percent or less of the current poverty guidelines established by the United States Department of Health and Human Services (HHS).

The Judicial Council has adopted rules of court and forms for litigants to obtain fee waivers. Two of the forms, *Request to Waive Court Fees* (form FW-001) and *Information Sheet on Waiver of Appellate Court Fees (Supreme Court, Court of Appeal, Appellate Division)* (form APP-015/FW-015-INFO), contain figures based on the monthly poverty guidelines. The table in item 5b on the fee waiver application form and the table on page 1 of the appellate court information sheet provide monthly income figures on which a court may base a decision to grant a fee waiver in accordance with Government Code section 68632.

Juvenile form

The Judicial Council has established a program under Welfare and Institutions Code section 903.47 to collect reimbursement of the cost of court-appointed counsel in dependency proceedings from liable persons found able to pay. Under the statewide standard adopted by the council, a court may determine that an otherwise liable person is unable to pay reimbursement if that person's monthly household income is 125 percent or less of the current federal poverty guidelines established by the HHS.

Financial Declaration—Juvenile Dependency (form JV-132) contains figures based on the poverty guidelines. The table in item 3 provides monthly income levels on which a court may base a determination that an individual is unable to pay reimbursement for the cost of court-appointed counsel.

Revisions required

The monthly income figures currently on the three forms reflect 125 percent of the 2013 poverty guidelines established by the HHS. The HHS released revised federal poverty guidelines on January 22, 2014.¹ As a result, these items on the Judicial Council forms must be revised to reflect the 2014 federal poverty guideline revisions.

To determine the new monthly income figures for the forms, the federal poverty guidelines must be multiplied by 125 percent and divided by 12.² The new figures are reflected in item 5b of the revised fee waiver application form (at page 4 of this report), the chart on the revised appellate information sheet (at page 6 of this report), and item 3 on the revised financial declaration (at page 8 of this report).

Comments, Alternatives Considered, and Policy Implications

Staff of the Civil and Small Claims and the Family and Juvenile Law Advisory Committees monitor revisions to the poverty guidelines and ensure that the forms are revised as necessary and submitted to the council. Revised forms FW-001, APP-015/FW-015-INFO, and JV-132 should take effect immediately to ensure that litigants are provided with accurate monthly income guidelines on which a court may base a decision regarding fee waivers or financial liability. This rapid change to the forms is necessary because the revised poverty guidelines take effect immediately upon release. Once adopted by the Judicial Council, revised forms FW-001, APP-015/FW-015-INFO, and JV-132 will be distributed to the courts and forms publishers and posted to the California Courts website.

Implementation Requirements, Costs, and Operational Impacts

If a court provides free copies of these forms to parties, it will incur costs to print or duplicate the revised forms. However, the revisions are required to make the forms consistent with current law.

Attachments

1. Form FW-001, at pages 4–5.
2. Form APP-015/FW-015-INFO, at pages 6–7.
3. Form JV-132, at pages 8–10.
4. Excerpt from Federal Register at pages 11–13.
5. Computation Sheet at page 14.

¹ See Annual Update of the HHS Poverty Guidelines, 79 *Fed. Reg.* 3593 (January 22, 2014), attached at pages 11-12.

² The Computation Sheet is attached at page 13.

INFORMATION SHEET ON WAIVER OF APPELLATE COURT FEES
(SUPREME COURT, COURT OF APPEAL, APPELLATE DIVISION)

If you file an appeal, a petition for a writ, or a petition for review in a civil case, such as a family law case or a case in which you sued someone or someone sued you, you must generally pay a filing fee to the court. If you are a party other than the party who filed the appeal or the petition, you must also generally pay a fee when you file your first document in a case in the Court of Appeal or Supreme Court. You and the other parties in the case may also have to pay other court fees in these proceedings, such as fees to prepare or get a copy of a clerk’s transcript in an appeal. However, if you cannot afford to pay these court fees and costs, you may ask the court to issue an order saying you do not have to pay these fees (this is called “waiving” these fees).

Who can get their court fees waived?

The court will waive your court fees and costs if:

- **You are getting public assistance**, such as Medi-Cal, Food Stamps, SSI or SSP, County Relief/General Assistance, IHSS (In-Home Supportive Services), CalWORKS, Tribal Temporary Assistance for Needy Families, or CAPI (Cash Assistance Program for Aged, Blind, and Disabled).
- **You have a low income level.** Under the law you are considered a low-income person if the gross monthly income (before deductions for taxes) of your household is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21

If more than 6 people at home, add \$422.92 for each extra person.

- **You do not have enough income to pay for your household’s basic needs and your court fees .**

What fees and costs will the court waive?

If you qualify for a fee waiver, the Supreme Court, Court of Appeal, or Appellate Division will waive the filing fee for the notice of appeal, a petition for a writ, a petition for review, or the first document filed by a party other than the party who filed the appeal or petition, and any court fee for participating in oral argument by telephone. The trial court will also waive costs related to the clerk’s transcript on appeal and the fees for making a transcript or copy of an official electronic recording under rule 8.835. If you are the appellant (the person who is appealing the trial court decision), the fees waived include the deposit required under Government Code section 68926.1 and the costs for preparing and certifying the clerk’s transcript and sending the original to the reviewing court and one copy to you. If you are the respondent (a party other than the appellant in a case that is being appealed), the fees waived include the costs for sending you a copy of the clerk’s transcript.

The court **cannot** waive the fees for preparing a reporter’s transcript in a civil case. A special fund, called the Transcript Reimbursement Fund, may help pay for the transcript. (See <http://www.courtreportersboard.ca.gov/consumers/index.shtml#trf> and Business and Professions Code sections 8030.2 and following for more information about this fund.) If you are unable to pay the cost of a reporter’s transcript, a record of the oral proceedings can be prepared in other ways, by preparing an agreed statement or, in some circumstances, a statement on appeal or settled statement.

How do I ask the court to waive my fees?

- **Appeal in Limited Civil Case (civil case in which the amount of money claimed is \$25,000 or less).** In a limited civil case, if the trial court already issued an order waiving your court fees *and that fee waiver has not ended* (fee waivers automatically end 60 days after the judgment), your fee for filing a notice of appeal and your costs for the clerk’s transcript are already waived; just give the court a copy of your current fee waiver. If you do not already have an order waiving your fees or you had a fee waiver but it has ended, you must complete and file a *Request to Waive Court Fees* (form FW-001). If you are the appellant (the party who is appealing), you should check both boxes in item 4 on FW-001 and file the completed form with your notice of appeal. If you are the respondent (a party other than the appellant in a case that is being appealed),

the completed form should be filed in the court when the fees you are requesting to be waived, such as the fee for the clerk's transcript or telephonic oral argument, are due.

- **Writ Proceeding in Limited Civil Case (civil case in which the amount of money claimed is \$25,000 or less).** If you want the Superior Court to waive the fees in a writ proceeding in a limited civil case, you must complete a *Request to Waive Court Fees* (form FW-001). In item 4 on FW-001, check the second box. The completed form should be filed with your petition for a writ.
- **Appeal in Other Civil Cases.** If you want the court to waive fees and costs in an appeal in a civil case other than a limited civil case, such as a family law case or an unlimited civil case (a civil case in which the amount of money claimed is more than \$25,000), you must complete a *Request to Waive Court Fees* (form FW-001). In item 4 on FW-001, check the second box to ask the Court of Appeal to waive the fee for filing the notice of appeal or, if you are a respondent (a party other than the one who filed the appeal), the fee for the first document you file in the Court of Appeal. Check both boxes if you also want the trial court to waive your costs for the clerk's transcript (if the trial court already issued an order waiving your fees *and that fee waiver has not ended*, you do not need to check the first box; your costs for the clerk's transcript are already waived, just give the court a copy of your current fee waiver). If you are the appellant, the completed form should be submitted with your notice of appeal (if you check both boxes in item 4, the court may ask for two signed copies of this form). If you are the respondent, the completed form should be submitted at the time the fee you are asking the court to waive is due. For example, file the form in the trial court with your request for a copy of the clerk's transcript if you are asking the court to waive the transcript fee or file the form in the Court of Appeal with the first document you file in that court if you are asking the court to waive the fee for filing that document. To request waiver of a court fee for telephonic oral argument, you should file the completed form in the Court of Appeal when the fee for telephonic oral argument is due.
- **Writ Proceeding in Other Civil Cases.** If you want the Supreme Court or Court of Appeal to waive the fees and costs in a writ proceeding in a civil case other than a limited civil case, such as a family law case or an unlimited civil case (a civil case in which the amount of money claimed is more than \$25,000), you must complete a *Request to Waive Court Fees* (form FW-001). If you are the petitioner (the party filing the petition), the completed form should be submitted with your petition for a writ in the Supreme Court or Court of Appeal clerk's office. If you are a party other than the petitioner, the completed form should be filed with first document you file in the Supreme Court or Court of Appeal.
- **Petition for Review.** If you want to request that the Supreme Court waive the fees in a petition for review proceeding, you must complete a *Request to Waive Court Fees* (form FW-001). If you are the petitioner, you should submit the completed form with your petition for review. If you are a party other than the petitioner, the completed form should be filed with first document you file in the Supreme Court.

IMPORTANT INFORMATION!

- **Fill out your request completely and truthfully.** When you sign your request for a fee waiver, you are declaring under penalty of perjury that the information you have provided is true and correct.
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court immediately if your finances improve or if you become able to pay court fees or costs during this case (file form FW-010 with the court). You may be ordered to repay any amounts that were waived after your eligibility ended. If the trial court waived your fees and costs and you settle your case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or when the court finds that you are not eligible for a fee waiver.

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for \$10,000 or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:

Case Name:

1 Your Information (person asking the court to waive the fees):

Name: _____
 Street or mailing address: _____
 City: _____ State: ___ Zip: _____
 Phone number: _____

2 Your Job, if you have one (job title):

Name of employer: _____
 Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____
 If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

Print your name here

Sign here

Case Number: _____

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total deductions (add 8a (1)-(4) above): \$ _____
c. Total monthly take-home pay (8a minus 8b): \$ _____
d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.
Name Age Relationship Gross Monthly Income
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.
Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash \$ _____
b. All financial accounts (List bank name and amount):
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
c. Cars, boats, and other vehicles
Make / Year Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
d. Real estate
Address Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
Describe Fair Market Value How Much You Still Owe
(1) _____ \$ _____ \$ _____
(2) _____ \$ _____ \$ _____
(3) _____ \$ _____ \$ _____

11 Your Monthly Expenses

- (Do not include payroll deductions you already listed in 8b.)
a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair and insurance \$ _____
k. Installment payments (list each below):
Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
l. Wages/earnings withheld by court order \$ _____
m. Any other monthly expenses (list each below).
Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a -11m above): \$ _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (optional): _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILDREN'S NAMES:	
FINANCIAL DECLARATION—JUVENILE DEPENDENCY	CASE NUMBER:

1. Personal Information:

Name:		Social Security Number:	
Other names used:			
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father		I.D. or Driver's License Number:	
<input type="checkbox"/> Other Responsible Person (specify):			
Address:		Date of Birth:	Age:
City:	Zip:	Phone:	Alternate Phone:
Marital Status:			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Name of Spouse/Partner:		Number of dependents living with you:	
Names and ages of dependents:			

2. I receive (check all that apply):
- | | | | |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> SNAP (food stamps) | <input type="checkbox"/> SSI | <input type="checkbox"/> SSP |
| <input type="checkbox"/> County Relief/General Assistance | <input type="checkbox"/> CalWORKS or Tribal TANF (Temporary Assistance to Needy Families) | | |
| <input type="checkbox"/> IHSS (In-Home Supportive Services) | <input type="checkbox"/> CAPI (Case Assistance Program for Aged, Blind, and Disabled) | | |

3. My gross monthly household income (before deductions for taxes) is less than the amount listed below:

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

4. I have been reunified with my child(ren) under a court order attached.

5. I am receiving court-ordered reunification services.

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

6. Employment:

Your Employment				Your Spouse/Partner's Employment			
Employer:				Employer:			
Address:				Address:			
City and Zip Code:		Phone:		City and Zip Code:		Phone:	
Type of Job:				Type of Job:			
How long employed:	Working now?	Monthly salary:	Take home pay:	How long employed:	Working now?	Monthly salary:	Take home pay:
If not now employed, who was your last employer? <i>(Name, Address, City, and Zip Code):</i>				If not now employed, who was this person's last employer? <i>(Name, Address, City, and Zip Code):</i>			
Phone number of last employer:				Phone number of last employer:			

7. Other Monthly Income and Assets:

Other Income	Assets: What Do You Own?
Unemployment\$	Cash \$
Disability \$	Real Property/Equity \$
Social Security \$	Cars and Other Vehicles \$
Workers' Compensation \$	Life Insurance \$
Child Support Payments \$	Bank Accounts <i>(list below)</i> \$
Foster Care Payments\$	Stocks and Bonds \$
Other Income \$	Business Interest \$
Total \$	Other Assets \$
	Total \$
	Name and branch of bank:
	Account numbers:

CHILDREN'S NAMES:	CASE NUMBER:
RESPONSIBLE PERSON'S NAME:	

8. Expenses:

Monthly Household Expenses	Reunification Plan: Monthly Cost of Required Services
Rent or Mortgage Payment \$	Parenting Classes \$
Car Payment \$	Substance Abuse Treatment \$
Gas and Car Insurance \$	Therapy/Counseling \$
Public Transportation \$	Medical Care/Medications \$
Utilities (Gas, Electric, Phone, Water, etc.)... \$	Domestic Violence Counseling \$
Food \$	Batterers' Intervention \$
Clothing and Laundry \$	Victim Support \$
Child Care \$	Regional Center Programs \$
Child Support Payments \$	Transportation \$
Medical Payments \$	In-Home Services \$
Other Necessary Monthly Expenses \$	Other \$
Total \$	Total \$

9. Loan/Expense Payments (other than mortgage or car loan):

Name of lender and type of loan/expense	Monthly payment	Balance owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF DECLARANT)

FOR FINANCIAL EVALUATION OFFICER USE ONLY

TOTAL INCOME	\$	COST OF LEGAL SERVICES	\$
TOTAL EXPENSES	\$	MONTHLY PAYMENT	\$
NET DISPOSABLE INCOME	\$	TOTAL COST ASSESSED	\$

The above-named responsible person is presumed unable to pay reimbursement for the cost of legal services in this proceeding and is eligible for a waiver of liability because

- he or she receives qualifying public benefits
- his or her household income falls below 125% of the current federal poverty guidelines
- he or she has been reunified with the child(ren) under a court order and payment of reimbursement would harm his or her ability to support the child(ren).

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF FINANCIAL EVALUATION OFFICER)

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[Notices]
[Pages 3593-3594]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

DATES: Effective Date: Date of publication, unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201--telephone: (202) 690-7507--or visit <http://aspe.hhs.gov/poverty/>.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I-864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1-800-375-5283.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), contact the Office of the Director, Division of Health Facilities, Health Resources and Services Administration, HHS, Room 10-105, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. To speak to a staff member, please call (301) 443-5656. To receive a Hill-Burton information package, call 1-800-638-0742 (for callers outside Maryland) or 1-800-492-0359 (for callers in Maryland). You also may visit <http://www.hrsa.gov/gethealthcare/affordable/hillburton/>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau's Web site at <http://www.census.gov/hhes/www/poverty/poverty.html> or contact the Census Bureau's Customer Service Center at 1-800-923-8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI-U). The poverty guidelines are used as an eligibility criterion by the Community Services Block Grant program and a number of other Federal programs. The poverty guidelines issued here are a simplified version of the poverty thresholds that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI-U). The guidelines in this 2014 notice reflect the 1.5 percent price increase between calendar years 2012 and 2013. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family sizes. The same calculation procedure was used this year as in previous years. (Note that these 2014 guidelines are roughly equal to the poverty thresholds for calendar year 2013 which the Census Bureau expects to publish in final

form in September 2014.)

The poverty guidelines continue to be derived from the Census Bureau's current official poverty thresholds; they are not derived from the Census Bureau's new Supplemental Poverty Measure (SPM).

The following guideline figures represent annual income.

2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in family/household	Poverty guideline
1.....	\$11,670
2.....	15,730
3.....	19,790
4.....	23,850
5.....	27,910
6.....	31,970
7.....	36,030
8.....	40,090

For families/households with more than 8 persons, add \$4,060 for each additional person.

2014 Poverty Guidelines for Alaska

Persons in family/household	Poverty guideline
1.....	\$14,580
2.....	19,660
3.....	24,740
4.....	29,820
5.....	34,900
6.....	39,980
7.....	45,060
8.....	50,140

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For families/households with more than 8 persons, add \$5,080 for each additional person.

2014 Poverty Guidelines for Hawaii

Persons in family/household	Poverty guideline
1.....	\$13,420
2.....	18,090
3.....	22,760
4.....	27,430
5.....	32,100
6.....	36,770
7.....	41,440
8.....	46,110

For families/households with more than 8 persons, add \$4,670 for each additional person.

Separate poverty guideline figures for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. (Note that the Census Bureau poverty thresholds--the version of the poverty measure used for statistical purposes--have never had separate figures for Alaska and Hawaii.) The poverty guidelines are not defined for Puerto Rico or other outlying jurisdictions. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office that administers the program is generally responsible for deciding whether to use the contiguous-states-and-DC guidelines for those jurisdictions or to follow some other procedure.

Due to confusing legislative language dating back to 1972, the poverty guidelines sometimes have been mistakenly referred to as the ``OMB'' (Office of Management and Budget) poverty guidelines or poverty line. In fact, OMB has never issued the guidelines; the guidelines are issued each year by the Department of Health and Human Services. The poverty guidelines may be formally referenced as ``the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).''

Some federal programs use a percentage multiple of the guidelines (for example, 125 percent or 185 percent of the guidelines), as noted in relevant authorizing legislation or program regulations. Non-Federal organizations that use the poverty guidelines under their own authority in non-Federally-funded activities also may choose to use a percentage multiple of the guidelines.

The poverty guidelines do not make a distinction between farm and

non-farm families, or between aged and non-aged units. (Only the Census Bureau poverty thresholds have separate figures for aged and non-aged one-person and two-person units.)

Note that this notice does not provide definitions of such terms as ``income'' or ``family,'' because there is considerable variation in defining these terms among the different programs that use the guidelines. These variations are traceable to the different laws and regulations that govern the various programs. This means that questions such as ``Is income counted before or after taxes?'', ``Should a particular type of income be counted?'', and ``Should a particular person be counted as a member of the family/household?'' are actually questions about how a specific program applies the poverty guidelines. All such questions about how a specific program applies the guidelines should be directed to the entity that administers or funds the program, since that entity has the responsibility for defining such terms as ``income'' or ``family,'' to the extent that these terms are not already defined for the program in legislation or regulations.

Dated: January 17, 2014.

Kathleen Sebelius,
Secretary of Health and Human Services.
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Computation Sheet

Number in Family	2014 Federal Poverty Guidelines (A)	125% of Poverty Guidelines (B) (B = A x 125%)	2014 California Monthly Income (C) (C = B / 12)*
1	\$11,670.00	\$14,587.50	\$1,215.63
2	15,730.00	19,662.50	1,638.55
3	19,790.00	24,737.50	2,061.46
4	23,850.00	29,812.50	2,484.38
5	27,910.00	34,887.50	2,907.30
6	31,970.00	39,962.50	3,330.21
Each additional person	4,060.00	5,075.00	422.92

*Figures are rounded up to the nearest cent.