

University Health and Psychological Services
5044 North Barton Avenue
Fresno, Ca 93740
(559) 278-2734

Family PACT Eligibility

- _____ 1. I am currently able to get pregnant or cause a pregnancy.
- _____ 2. I currently have a California address.
- _____ 3. I do not currently have Medi-Cal benefits covering family planning services.
 - _____ 3a. I have Medical benefits through my parents or spouse, but I would like my family planning services kept confidential.
 - _____ 3b. I have Medi-Cal that covers family planning services, but I cannot afford the deductible or share of cost.
- _____ 4. I do not have insurance that covers family planning services.
 - _____ 4a. I have insurance that covers family planning services, but I cannot afford the deductible or share of cost. (Does not include co-pays)
 - _____ 4b. I have insurance that covers family planning services, through my parents or spouse, but I would like my family planning services kept confidential.
- _____ 5. I am a female 55 years of age or under OR a male 60 years of age or under.
- _____ 6. I meet the income guidelines shown below to qualify for the Family PACT Program.

(Family Size = self, legal spouse and any legally dependent children.)

Family Size	Gross Monthly Income	Gross Annual Income
1	\$1,805	\$21,660
2	\$2,429	\$29,140
3	\$3,052	\$36,620
4	\$3,675	\$44,100
5	\$4,299	\$51,580
6	\$4,922	\$59,060
7	\$5,545	\$66,540
8	\$6,169	\$74,020
9	\$6,792	\$81,500
10	\$7,415	\$88,980