We leave it then to the program itself and to the neighborhood people there to work out precisely how that works. They suggest it to us and we have a chance to review it and particularly at the time of refunding to be sure there are no abuses.

Our experience in the operating centers right now is that the neighborhoods are most concerned about this. They are actually tougher than the doctors are because they are concerned that the people who really need this kind of help get it. I think the best monitor we are going to have in most communities is not just the physicians but the neighborhood people themselves who would be concerned if anyone of high level income would be getting such services free.

Mr. QUIE. Do you suggest we use the same poverty line nationally or can they adjust it up and down?

Dr. ENGLISH. We urge in our guidelines to use the poverty figures.

Mr. QUIE. You urge them but don't require them.

Dr. ENGLISH. In some areas, they want to use the same eligibility as title XIX which is a little broader than our poverty indicia. If they wish to do that we will go along with whatever the states medical definition of medical indigency.

Mr. QUIE. Have you placed in the record at any other time the guidelines that are used for the health centers?

Dr. ENGLISH. No, sir; we have not but we would be glad to do that.

Mr. SHRIVER. They are awfully long. It is a book.

Mr. QUIE. How "bookish" is it?

Dr. ENGLISH. It is about 40 or 50 pages.

Mr. SHRIVER. It does not make any difference to us because we have copies of it.

Dr. QUIE. Have you got it broken down?

Mr. SHRIVER. That is the broken down version of it.

Mr. QUIE. If the 40- or 50-page one is broken down, I wonder how capable the people at the community are.

Mr. SHRIVER. Maybe you are interested in the part that deals with the eligibility of people for service in the center. That is a relatively small part.

Mr. QUIE. That is what I am talking about.

Dr. ENGLISH. We could submit that part and an appendix that explains it further.

(The requested information follows:)

[Excerpt from booklet, "Guidelines—Comprehensive Health Services Programs," February 1967]

G. ELIGIBILITY CRITERIA

No eligibility determination should be made at the time of need or request for service, beyond verifying that the patient resides in the area being served by the center. Eligibility criteria must be established and eligibility determinations made in such a way as to be consistent with the objective of eliminating financial, administrative and other barriers to needed health services. The center should determine as soon as possible (1) whether the individual meets the programs' criteria for free care (which must be established in accordance with OEO standards set forth in Appendix F), and (2) what other agencies may be responsible for paying for services to the patient.

Mr. PUCINSKI. Mr. Shriver, throughout this testimony today we have gone into many aspects of this program but I am intrigued by this one statement on page 17 where you say that right now OEO is funding