



Proof of income must accompany this application. Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings. If you do not have your income tax return, pay check stubs, w-2's, etc., with you, please keep this application and return with the proper forms to this office.

**Sliding Fee Schedule
(Effective April 1, 2024)**

Name: _____ Birthdate: _____
 Address: _____ Phone #: _____
 Health Insurance : _____

Other family members:

_____ Birthdate: _____
 _____ Birthdate: _____
 _____ Birthdate: _____
 _____ Birthdate: _____
 _____ Birthdate: _____

**Number of
people in
your
family**

Eligibility is based on family size and household income.

Family Size	Nominal Charge 100% Poverty and Below		101% - 200% Poverty Partial Charge						Full charge 201% Poverty and Above
	\$20.00		25% Of Charge	50% Of Charge		75% Of Charge		Full Charge	
1	0	15,060	15,061	18,825	18,826	22,590	22,591	30,119	30,120
2	0	20,440	20,441	25,550	25,551	30,660	30,661	40,879	40,880
3	0	25,820	25,821	32,275	32,276	38,730	38,731	51,639	51,640
4	0	31,200	31,201	39,000	39,001	46,800	46,801	62,399	62,400
5	0	36,580	36,581	45,725	45,726	54,870	54,871	73,159	73,160
6	0	41,960	41,961	52,450	52,451	62,940	62,941	83,919	83,920
7	0	47,340	47,341	59,175	59,176	71,010	71,011	94,679	94,680
8	0	52,720	52,721	65,900	65,901	79,080	79,081	105,439	105,440

For Families with more than 8 members, add \$6,730.00 for each additional person.

What is the family income?: _____

I attest that I have reported true and accurate financial status to the best of my knowledge.

Signature of Applicant _____

Based on the above information,
you are eligible for a sliding fee adjustment of: _____

Approved By: _____

Date: _____

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). <https://aspe.hhs.gov/poverty-guidelines>