

Sliding Fee Schedule (Effective April 1, 2023)

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.

	Name: _		Birthdate:						_
	Address:					Phone #:			_
	Health In	surance :							
Other fam	ily memb - - -	Birthdate: Birthdate: Birthdate:							
	_	Birthdate:							•
Number of people in your family	_		Eligibility is	based on j	family size ar	Birthdate: _	ld income.		
	Nominal Charge 100% Poverty and Below		101% - 200% Poverty Partial Charge						Full charge 201% Povert and Above
Family Size	\$15.00		25% Of Charge		50% Of Charge		75% Of Charge		Full Charg
1 2 3 4 5 6 7 8 What is th	e family i at I have r Signature Based or	ncome?: eported true of Applica	ue and accur int _ information	ate financi	18,226 24,651 31,076 37,501 43,926 50,351 56,776 63,201 rs, add \$5,140				29,160 39,440 49,720 60,000 70,280 80,560 90,840 101,120
Approved		eligible for	a sliding fee	adjustmen	t or: _				
Date:	· -				elines updated	-		_	-

42 U.S.C. 9902(2). https://aspe.hhs.gov/poverty-guidelines