



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, 2026)

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	15,960	15,961	19,950	19,951	23,940	23,941	32,920	32,921
2	0	21,640	21,641	27,050	27,051	32,460	32,461	43,280	43,281
3	0	27,320	27,321	34,150	34,151	40,980	40,981	54,640	54,641
4	0	33,000	33,001	41,250	41,251	49,500	49,501	66,000	66,001
5	0	38,680	38,681	48,350	48,351	58,020	58,021	77,360	77,361
6	0	44,360	44,361	55,450	55,451	66,540	66,541	88,720	88,721
7	0	50,040	50,041	62,550	62,551	75,060	75,061	100,080	100,081
8	0	55,720	55,721	69,650	69,651	83,580	83,581	111,440	111,441

For Families with more than 8 members, add \$5,680.00 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: _____ Initial Renewal

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>