

ATTACHMENT 6 Sliding Fee Scale

Also Title XX Eligibility

Monthly Income Levels	100% Federal Poverty	Medicaid Eligible	Z From - Thru 0%	D From - Thru 20%	G From - Thru 35%	K From - Thru 55%	P From - Thru 80%	T From - Thru 100%
Family Size of Household								
1	973	0 - 1343	1344 - 1800	1801 - 1946	1947 - 2043	2044 - 2141	2142 - 2238	2239
2	1311	0 - 1809	1810 - 2425	2426 - 2622	2623 - 2753	2754 - 2884	2885 - 3015	3016
3	1649	0 - 2276	2277 - 3051	3052 - 3298	3299 - 3463	3464 - 3628	3629 - 3793	3794
4	1988	0 - 2743	2744 - 3678	3679 - 3976	3977 - 4175	4176 - 4374	4375 - 4572	4573
5	2326	0 - 3210	3211 - 4303	4304 - 4652	4653 - 4885	4886 - 5117	5118 - 5350	5351
6	2664	0 - 3676	3677 - 4928	4929 - 5328	5329 - 5594	5595 - 5861	5862 - 6127	6128
7	3003	0 - 4144	4145 - 5556	5557 - 6006	6007 - 6306	6307 - 6607	6608 - 6907	6908
8	3341	0 - 4611	4612 - 6181	6182 - 6682	6683 - 7016	7017 - 7350	7351 - 7684	7685
9	3679	0 - 5077	5078 - 6806	6807 - 7358	7359 - 7726	7727 - 8094	8095 - 8462	8463
10	4018	0 - 5545	5546 - 7433	7434 - 8036	8037 - 8438	8439 - 8840	8841 - 9241	9242

Calculations are based on these percents
of the Federal Poverty Guidelines.

11670
15730
19790
23850
27910
31970
36030
40090
44150
48210

138% Federal Poverty	185% Federal Poverty	200% Federal Poverty	210% Federal Poverty	220% Federal Poverty	230% Federal Poverty
1.38	1.85	2	2.1	2.2	2.3