

## FY2024 Sliding Fee Scale

Annual Income		Number of Family Members							
At Least	Not Over	1	2	3	4	5	6	7	8
\$ -	\$ 14,580	A	A	A	A	A	A	A	A
\$ 14,581	\$ 19,720	B	A	A	A	A	A	A	A
\$ 19,721	\$ 24,860	C	B	A	A	A	A	A	A
\$ 24,861	\$ 30,000	D	C	B	A	A	A	A	A
\$ 30,001	\$ 35,140	FULL	D	B	B	A	A	A	A
\$ 35,141	\$ 40,280	FULL	FULL	C	B	B	A	A	A
\$ 40,281	\$ 45,420	FULL	FULL	D	C	B	B	A	A
\$ 45,421	\$ 50,560	FULL	FULL	FULL	D	C	B	B	A
\$ 50,561	\$ 55,700	FULL	FULL	FULL	D	C	C	B	B
\$ 55,701	\$ 60,840	FULL	FULL	FULL	FULL	D	C	C	B
\$ 60,841	\$ 65,980	FULL	FULL	FULL	FULL	FULL	D	C	C
\$ 65,981	\$ 71,120	FULL	FULL	FULL	FULL	FULL	FULL	D	C
\$ 71,121	\$ 76,260	FULL	FULL	FULL	FULL	FULL	FULL	FULL	D
Full Fee		FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL

Scale	Individual Therapy	Group Therapy	MD/ARNP	TR/ADH
A	\$1* - \$10	\$1* - \$10	\$1* - \$12	\$1* - \$12
B	\$7* - \$12	\$4* - \$10	\$12* - \$24	\$3* - \$12
C	\$13* - \$17	\$5* - \$10	\$22* - \$40	\$9* - \$12
D	\$22* - \$25	\$6.5* - \$19	\$38* - \$40	\$10* - \$12
Full Fee	\$25* - \$125	\$8.5* - \$72	\$50* - \$190	\$12* - \$40