

**The Guidance Center
Sliding Fee Scale 2024**

Sliding fee scale daily visit amounts are based on your ability to pay as established by the chart below. Annual income limits in the chart are based on 2024 Federal Poverty Level (FPL) guidelines and are updated annually. Your sliding fee scale daily visit amount is determined at least annually, or whenever your financial situation changes. No person will be denied service based on their lack of ability to pay.

Definition of Income:

Examples of income include earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, Veterans' payments, survivor benefits, pension, retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Income does NOT include capital gains or losses, noncash benefits (i.e. food stamps, housing subsidies), and tax credits.

Proof of Income:

Proof of income is required in order to determine your sliding fee scale daily visit amount. A copy of your federal tax return, W-2, three most recent pay stubs or unemployment benefit letter may be used. If you do not have these documents, you may sign the Income Self-Attestation Form.

Family Size	Annual Income (at or below 100% of FPL)	Annual Income (between 101%-150% of FPL)	Annual Income (between 151-200% of FPL)
1	\$0-\$15,060	\$15,061-\$22,590	\$22,591-\$30,120
2	\$0-\$20,440	\$20,441-\$30,660	\$30,661-\$40,880
3	\$0-\$25,820	\$25,821-\$38,730	\$38,731-\$51,640
4	\$0-\$31,200	\$31,201-\$46,800	\$46,801-\$62,400
5	\$0-\$36,580	\$36,581-\$54,870	\$54,871-\$73,160
6	\$0-\$41,960	\$41,961-\$62,940	\$62,941-\$83,920
7	\$0-\$47,340	\$47,341-\$71,010	\$71,011-\$94,680
8	\$0-\$52,720	\$52,721-\$79,080	\$79,081-\$105,440
9	\$0-\$58,100	\$58,101-\$87,150	\$87,151-\$116,200
10	\$0-\$63,480	\$63,481-\$95,220	\$95,221-\$126,960
For each additional family member add:	\$5,380	\$8,070	\$10,760

Your sliding fee scale daily visit amount	\$0	\$5	\$10
Your maximum monthly amount	\$0	\$20	\$40

I understand that I am responsible for fees rendered, during any date of service, up to my sliding fee scale daily visit amount, or my maximum monthly amount, whichever is lower.

My sliding fee scale daily visit amount is \$ _____. My maximum monthly amount is \$ _____.

I attest that the information provided to determine my fee is true and accurate to the best of my knowledge.

Client/Parent/Guardian

Date

Witness

Date