

Client Name and Date: \_\_\_\_\_ MRN: \_\_\_\_\_



**Sliding Fee Schedule According to Family Income  
Eligibility Relative to Federal Poverty Level (FPL)**

**The 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Persons in family	Poverty Level 100%	150%	200%	300%	400%	
1	\$13,950	\$20,385	\$27,180	\$40,770	\$54,360	
2	\$18,310	\$27,465	\$36,620	\$54,930	\$73,240	
3	\$23,030	\$34,545	\$46,060	\$69,090	\$92,120	
4	\$27,750	\$41,625	\$55,500	\$83,250	\$111,000	
5	\$32,470	\$48,705	\$64,940	\$97,410	\$129,880	
6	\$37,190	\$55,785	\$74,380	\$111,570	\$148,760	
7	\$41,910	\$62,865	\$83,820	\$125,730	\$167,640	
8	\$46,630	\$69,945	\$93,260	\$139,890	\$186,520	
<b>For each additional add \$4,720</b>						
<b>Corresponding Sliding Fee</b>		<b>\$0</b>	<b>\$2</b>	<b>\$4</b>	<b>\$6</b>	<b>\$8</b>

*Pregnant women count as two people for the purpose of this chart. Assumes 2080 hours per year.*

<b>Eligibility &amp; Required Sliding Fee (to be completed by program staff person):</b>	
<p>1. Family size: _____</p> <p>2. The total annual family income is \$ _____</p> <p>3. The corresponding sliding fee for family is:    \$0    \$2    \$4    \$6    \$8</p> <p>Comments: _____ _____</p>	<p>Waiver of sliding fee can be granted under the following special circumstances if eligibility is documented:</p> <p><input type="checkbox"/> Children are receiving free/reduce lunch</p> <p><input type="checkbox"/> Family has children with Special Health Care Needs</p> <p><input type="checkbox"/> Financial reasons: recent job loss or other</p> <p><input type="checkbox"/> Military deployment: a parent is currently deployed by armed forces/reserves</p> <p><input type="checkbox"/> Family member who is terminally ill</p> <p><input type="checkbox"/> Other (describe): _____</p> <p><b>Supporting documentation should be filed following this worksheet in the client chart.</b></p>
<p>Name of program staff person (Please print): _____</p>	
<p>Signature: _____ Date: _____</p>	

Acceptable income documentation should be filed directly following this worksheet in the form of the following: two most recent pay stubs, documentation of free/reduced lunch eligibility from Broward County Schools, W-2 forms, prior year income tax return, or proof of public assistance or disability benefits.