

**Sliding Fee: Application and Fee Schedule**

It is the policy of Hamilton County Community Services to provide essential services regardless of the patient’s ability to pay. Hamilton County Community Services offers services to all patients on a sliding scale based on family size and income based on the 2024 Federal Poverty Guidelines (FPG). We will not deny services or discriminate based on an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine your cost per visit.

Should the fee set in the Sliding Fee Scale remain difficult to manage, you may request and complete a Fee Adjustment Form. No one will be refused service due to lack of financial means to pay. The Fee Adjustment Form can be obtained from the client’s therapist or anyone in the front office.

Use the chart below to determine where you fall on the sliding scale based on your family size and yearly household income. In the left column, find the number of people that live in the household with you, including adults and children. Then move across the chart to find the correct total monthly household income, which includes income received by a spouse or partner with whom you live. Circle this box. The dollar amount at the top is the amount you will pay for each service provided by this clinic. Please let us know if you need assistance completing the form, and someone will be happy to help you.

	100%	125%	150%	175%	Up to 200%	Over 200%
<b>Payment</b>	\$0.00	\$2.00	\$5.00	\$10.00	\$10.00	\$20.00
<b>Family Size</b>						
<b>1</b>	\$0-15,060	\$15,061-18,825	\$18,826-22,590	\$22,591-26,355	\$26,356-30,120	> or =30,121
<b>2</b>	\$0-20,440	\$20,441-25,550	\$25,551-30,660	\$30,661-35,770	\$35,771-40,880	> or =\$40,881
<b>3</b>	\$0-25,820	\$25,821-32,275	\$32,276-38,730	\$38,731-45,185	\$45,186-51,640	> or =\$51,641
<b>4</b>	\$0- 31,200	\$31,201-39,000	\$39,001-46,800	\$46,801-54,600	\$54,601-62,400	> or =\$62,401
<b>5</b>	\$0-36,580	\$37-581-45,725	\$45,726-54,870	\$54,871-64,015	\$64,016-73,160	> or =\$73,161
<b>6</b>	\$0-41,960	\$41,961-52,450	\$52,451-62,940	\$62,941-73,430	\$73,431-83,920	> or =\$83,921
<b>7</b>	\$0-47,340	\$47,341-59,175	\$59,176-71,010	\$71,011-82,845	\$82,846-94,680	> or =\$94,681
<b>8</b>	\$0-52,720	\$52,721-65,900	\$65,9001-79,080	\$79,081-92,260	\$92,261-105,440	> or =\$105,441
<b>9</b>	\$0-58,100	\$58,101-72,625	\$72,626-87,150	\$87,151-101,675	\$101,676-116,200	> or =\$116,201
<b>10</b>	\$0-63,480	\$63,481-79,350	\$79,351-95,220	\$95,221-111,090	\$111,091-126,960	> or =\$126,961

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_