

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	100%	125%	150%	175%	200%	>200%
Family Size	Nominal Fee	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$15,650.00	\$ 19,563.00	\$ 23,475.00	\$ 27,388.00	\$ 31,300.00	\$ 31,301.00
2	\$21,150.00	\$ 26,438.00	\$ 31,725.00	\$ 37,013.00	\$ 42,300.00	\$ 42,301.00
3	\$26,650.00	\$ 33,313.00	\$ 39,975.00	\$ 46,638.00	\$ 53,300.00	\$ 53,301.00
4	\$32,150.00	\$ 40,188.00	\$ 48,225.00	\$ 56,263.00	\$ 64,300.00	\$ 64,301.00
5	\$37,650.00	\$ 47,063.00	\$ 56,475.00	\$ 65,888.00	\$ 75,300.00	\$ 75,301.00
6	\$43,150.00	\$ 53,938.00	\$ 64,725.00	\$ 75,513.00	\$ 86,300.00	\$ 86,301.00
7	\$48,650.00	\$ 60,813.00	\$ 72,975.00	\$ 85,138.00	\$ 97,300.00	\$ 97,301.00
8	\$54,150.00	\$ 67,688.00	\$ 81,225.00	\$ 94,763.00	\$ 108,300.00	\$ 108,301.00
9	\$59,650.00	\$ 74,563.00	\$ 89,475.00	\$ 104,388.00	\$ 119,300.00	\$ 119,301.00
10	\$65,150.00	\$ 81,438.00	\$ 97,725.00	\$ 114,013.00	\$ 130,300.00	\$ 130,301.00
11	\$70,650.00	\$ 88,313.00	\$ 105,975.00	\$ 123,638.00	\$ 141,300.00	\$ 141,301.00
12	\$76,150.00	\$ 95,188.00	\$ 114,225.00	\$ 133,263.00	\$ 152,300.00	\$ 152,301.00
13	\$81,650.00	\$ 102,063.00	\$ 122,475.00	\$ 142,888.00	\$ 163,300.00	\$ 163,301.00
14	\$87,150.00	\$ 108,938.00	\$ 130,725.00	\$ 152,513.00	\$ 174,300.00	\$ 174,301.00
For each additional person, add	\$ 5,500.00	\$ 6,875.00	\$ 8,250.00	\$ 9,625.00	\$ 11,000.00	\$ 11,001.00
<b>NOMINAL FEES:</b>						
MEDICAL	\$ 25.00	20%	40%	60%	80%	100%
MENTAL	\$ 25.00	20%	40%	60%	80%	100%
DENTAL	\$ 25.00	\$ 40.00	\$ 50.00	\$ 65.00	\$ 75.00	100%
BEHAVIORAL	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	100%
DERMATOLOGY	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	100%
NUTRITION	\$ 5.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00	100%

In order to receive discounted services for medical, mental, dental, behavioral, dermatology, nutrition services, you must complete the Coordinated Intake Form. Please bring all documents requested to verify your income.

Once approved, the intake form will be effective for six months. Please be prepared to complete the same intake form and bring all required documents every six months, even if your financial situation has not changed.

Please note that this intake form is not required in order to receive a discount for family planning visits. Discounts for family planning visits are based on the client's stated income.

Para recibir servicios con descuento para los servicios de salud médica, dental, conductual, dermatología y servicios de nutrición, debe llenar el formulario de admisión coordinada. Por favor traiga todos los documentos solicitados para verificar su ingreso.

Una vez aprobado, el formulario de admisión será efectivo durante seis meses. Por favor esté preparado para llenar el mismo formulario de admisión y traer todos los documentos requeridos cada seis meses, incluso si no ha cambiado su situación financiera.

Tenga en cuenta que este formulario de admisión no es necesario para recibir un descuento para visitas de planificación familiar. Descuentos para visitas de planificación familiar se basan en los ingresos declarados por el cliente.

\*Based on HHS Poverty Guidelines for 2025 in effect as of 1-15-2025