Centro de Orientación Familiar

Cuadro de determinación de categoría de tarifa variable

A partir del 12 de enero de 2022 (o a menos que el Departamento de Salud y Servicios Humanos actualice lo contrario)

Categoría de Tarifa Variable	A				B				C				D				Cuota Completa
	0-100% of FPL				101-135% of FPL				136-165% of FPL				166-200% of FPL				201% of FPL & Over
Tamaño de Familia	*Ingreso Mensual*		*Ingreso Anual*		*Ingreso Mensual*		*Ingreso Anual*		*Ingreso Mensual*		*Ingreso Anual*		*Ingreso Mensual*		*Ingreso Anual*		
1	0.00-	$1,132.50	0.00-	$13,590.00	$1,132.51	$1,528.88	$13,590.01	$18,346.50	$1,528.89	$1,868.63	$18,346.51	$22,423.50	$1,868.64	$2,265.00	$22,423.51	$27,180.00	
2	0.00-	$1,525.83	0.00-	$18,310.00	$1,525.84	$2,059.88	$18,310.01	$24,718.50	$2,059.89	$2,517.63	$24,718.51	$30,211.50	$2,517.64	$3,051.67	$30,211.51	$36,620.00	
3	0.00-	$1,919.17	0.00-	$23,030.00	$1,919.18	$2,590.88	$23,030.01	$31,090.50	$2,590.89	$3,166.63	$31,090.51	$37,999.50	$3,166.64	$3,838.33	$37,999.51	$46,060.00	
4	0.00-	$2,312.50	0.00-	$27,750.00	$2,312.51	$3,121.88	$27,750.01	$37,462.50	$3,121.89	$3,815.63	$37,462.51	$45,787.50	$3,815.64	$4,625.00	$45,787.51	$55,500.00	
5	0.00-	$2,705.83	0.00-	$32,470.00	$2,705.84	$3,652.88	$32,470.01	$43,834.50	$3,652.89	$4,464.63	$43,834.51	$53,575.50	$4,464.64	$5,411.67	$53,575.51	$64,940.00	
6	0.00-	$3,099.17	0.00-	$37,190.00	$3,099.18	$4,183.88	$37,190.01	$50,206.50	$4,183.89	$5,113.63	$50,206.51	$61,363.50	$5,113.64	$6,198.33	$61,363.51	$74,380.00	
7	0.00-	$3,492.50	0.00-	$41,910.00	$3,492.51	$4,714.88	$41,910.01	$56,578.50	$4,714.89	$5,762.63	$56,578.51	$69,151.50	$5,762.64	$6,985.00	$69,151.51	$83,820.00	
8	0.00-	$3,885.83	0.00-	$46,630.00	$3,885.84	$5,245.88	$46,630.01	$62,950.50	$5,245.89	$6,411.63	$62,950.51	$76,939.50	$6,411.64	$7,771.67	$76,939.51	$93,260.00	
Cada Persona Adicional Agrega		$393.33		$4,720		$531		$6,372		$649		$7,788		$787		$9,440	

Nota:
Los Ingresos Mensuales o Anuales que estén sobre los límites en la Categoria Variable D, son inelegibles para el programa de la cuota variable y se les cobra la cantidad completa de las cuotas estándar.

Servicio Proporcionado	A	B	C	D	Cuota Completa
Terapia Individual	$30	$40	$50	$60	$90
Evaluación Psiquiátrica	$30	$40	$50	$60	$90
Visita Psiquiátrica Después	$60	$80	$100	$120	$140