

**Family Guidance Center
Sliding Fee Category Determination Chart**

As of Jan 12, 2022 (or unless otherwise updated by Department of Health and Human Services)

101-135

136-165

166-200

Sliding Fee Category	A		B		C		D		Full Fee							
	0-100% of FPL		101-135% of FPL		136-165% of FPL		166-200% of FPL		201% of FPL & Over							
Family Size	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Note: Monthly and Annual Incomes that are above the limits in Slide Category D are ineligible for the sliding fee scale program and are charged the full amount of standard fees.							
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
Each Additional Person add		\$393.33		\$4,720		\$531		\$6,372		\$649		\$7,788		\$787		\$9,440

Service Provided	A	B	C	D	Full Fee
Individual Therapy	\$30	\$40	\$50	\$60	\$90
Psychiatric Evaluation	\$30	\$40	\$50	\$60	\$90
Follow up Psychiatry Visit	\$60	\$80	\$100	\$120	\$140