



KODIAK AREA NATIVE ASSOCIATION  
**HEALTH SERVICES**

## Sliding Fee Discount Program Application

### **Sliding Fee Discount Program**

The Sliding Fee Discount Program (SFDP) is a Federal program that allows KANA to discount our normal and customary charges for eligible patients. The Sliding Fee Discount Program offers discounted flat rate fees for service based on a patient's ability to pay. The program covers office visits for Medical, Dental, and Behavioral Health Services, as well as limited laboratory services. Patients will receive a separate bill for services from providers outside of KANA. Services provided by Providence Kodiak Island Medical Center are not covered by KANA's SFDP, but PKIMC does have their own discount programs available.

At KANA, no patient will be denied services due to an inability to pay.

### **Eligibility**

All KANA patients, including all family members listed on the application, may apply to receive discounted fees based on their ability to pay. Determination of the discount, if any, is dependent upon proof of household income and household size in comparison to the current Alaska Federal Poverty Guidelines. The sliding fee discount may apply to public or private insurance deductibles, co-insurances, and/or co-pay amounts depending upon legal and contractual obligations with individual insurance companies.

### **Terms**

Eligibility information must be updated annually from the time of application and/or whenever there is a change of income for any household members.

### **Acceptable Proof of Eligibility**

- I. Income determination
  - a. Income is based on the gross income of all household members' earning income. Gross income represents the patient's and household members' total personal income before taxes or other deductions. A patient may initially self-report gross family income at their first visit but will be required to provide supporting documentation within 30 days or before their next visit, whichever occurs first, if they wish to continue to receive the discount.
- II. Patients and household members are to provide all applicable proof of income documents, which may include:
  - a. At least a 4 week period of paycheck stubs
    1. Paid weekly, at least 4 consecutive stubs
    2. Paid bi-weekly or semi-monthly, at least 2 consecutive stubs
    3. Paid monthly, at least 1 paycheck stub

- b. Most recent available income tax return, 1099 form or W-2
- c. Unemployment award letter or copy of last unemployment check
- d. Disability/Social Security award letter or copy of check or bank record
- e. One pension or retirement check or bank record
- f. Child support verification: copy of check, court papers indicating support amount, or notarized letter from parent making payment
- g. Worker's Compensation payment
- h. VA benefits payment record
- i. Rental property income documentation

III. Household size determination includes all members of a household living at the same address who support each other financially and/or share resources, this may include:

- a. Patient
- b. Spouse
- c. Registered domestic partner
- d. Unmarried partners with common children
- e. Unmarried partners living as married/cohabitation
- f. Parents
- g. Children (biological, adopted, foster, step, legal ward or child of registered domestic partner)

IV. Zero Income Statement

- a. Patients claiming to have zero income, will be required to complete and sign a Zero Income Statement.

### **Alternate Resources**

You and your family may be eligible for alternate health care resources, such as: Medicaid, Medicare, VA Benefits, Tribally-Sponsored Health Insurance Program (T-SHIP) or other types of insurance. KANA's Patient Benefit Coordinators are available to discuss your health insurance options, and will assist with determining eligibility and completing the associated paperwork. Call 907-486-9870 to learn more.

If you have or become eligible for other resources to cover expenses associated with your healthcare needs (health insurance, Medicaid, Medicare, and/or VA Benefits) please provide this information to KANA upon your visit or as soon as you are aware of alternate coverage. Providing an insurance card is the preferred method, but KANA will accept verbal information over the phone. Billing the appropriate insurance will extend current funds to serve you and other KANA patients.

**\*\*\*KEEP PAGES 1-2 FOR YOUR REFERENCE\*\*\***



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**HEALTH SERVICES**

## Sliding Fee Discount Program Application

Applicant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Total Household Members: \_\_\_\_\_

Please complete the following information for all household members, including yourself:

Full Name	Relationship to Applicant	Birth Date	Income Type*	Monthly	Total
	SELF				
				Total Income: To be completed by staff	

**Documentation must be submitted within 30 days or before the next scheduled appointment, whichever occurs first.**

*I certify that the above facts are true and correct to the best of my knowledge. I am aware that this information may be randomly audited at any time for verification purposes. Knowingly providing false information may result in termination from the Sliding Fee Discount Program.*

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

**STAFF USE ONLY**

Discount Level:  A  B  C  D

**\*Income Type Received**

<input type="checkbox"/> Pay Stubs for a 4 week period <input type="checkbox"/> unemployment benefit statement or check <input type="checkbox"/> Worker's Compensations <input type="checkbox"/> SSA/SSI/APA Printout <input type="checkbox"/> Public Assistance	<input type="checkbox"/> Veteran's Payments <input type="checkbox"/> Dividends <input type="checkbox"/> Retirement Income <input type="checkbox"/> Other:
Patient MRN: _____	Staff Initials: _____
Date Documentation Received: _____	

<b>Medical</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income Guidelines		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$0.00	\$35.00	\$50.00	\$60.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

<b>Medical   Labor &amp; Delivery</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income Guidelines		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$500.00	\$1,000.00	\$1,500.00	\$2,000.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

Radiology and most laboratory test fees are EXCLUDED from the flat rate fee. Patients will receive a separate bill from radiology providers and/or reference laboratories for tests that are performed by providers other than KANA.

\*\*Only lab fees for CLIA waived tests performed at KANA are included in the flat rate fee.

Flat rate fee is for Labor & Delivery services ONLY. All prenatal services will follow the medical slide schedule. The flat rate fee for Labor & Delivery Services will only apply to charges from KANA Providers; patients will also receive a separate bill for inpatient services from the hospital.

<b>Behavioral Health</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$0.00	\$35.00	\$50.00	\$60.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

<b>Dental   Preventative</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income Guidelines		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$0.00	\$60.00	\$70.00	\$90.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

Preventative Dental Services include oral exams, x-rays, sealants, fluoride varnishes, and/or basic prophylaxis (cleanings). These services may be rendered in one visit, or may require multiple visits. Each visit will require a separate flat rate fee.

<b>Dental   Restorative &amp; Elective Dental Services</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$40.00	\$90.00	\$100.00	\$120.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

Restorative and Elective Dental services include, but are not limited to: fillings, amalgam or composites, root canals, space maintainers, periodontal scaling, root planning, and extractions. These services may be rendered in one visit, or may require multiple visits\*. Each visit will require the flat rate fee to be paid at the time of the appointment.

\*\*A single visit that requires two or more extractions will result in two or more flat rate fees; one fee per extraction. Complicated extractions, including those that require IV sedation, may incur additional costs and will be assessed on a case by case basis.

<b>Dental   Partial Dentures</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
Sliding Fee Discount =		\$412.00	\$925.00	\$1,025.00	\$1,125.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

A single visit for upper and lower dentures will result in TWO flat rate fees.

<b>Dental   Crowns</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
% of Federal Poverty Income Guidelines		Up to 100%	101%-150%	151%-175%	176%-200%
Sliding Fee Discount =		\$337.00	\$775.00	\$875.00	\$975.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308

A single visit that requires two crowns will result in TWO flat rate fees; one per crown.

<b>Dental   Dentures</b>					
Kodiak Area Native Association   2021 Sliding Fee Discounts					
Sliding Fee Discount =		\$475.00	\$1,050.00	\$1,150.00	\$1,250.00
Family Size	Income Measure	Category A	Category B	Category C	Category D
1	Annual Income	\$0 - \$16,090	\$16,091 - \$24,135	\$24,136 - \$28,158	\$28,159 - \$32,180
	Monthly Income	\$0 - \$1,340	\$1,341 - \$2,010	\$2,011 - \$2,345	\$2,346 - \$2,680
2	Annual Income	\$0 - \$21,770	\$21,771 - \$32,655	\$32,656 - \$38,098	\$38,099 - \$43,540
	Monthly Income	\$0 - \$1,814	\$1,815 - \$2,721	\$2,722 - \$3,175	\$3,176 - \$3,628
3	Annual Income	\$0 - \$27,450	\$27,451 - \$41,175	\$41,176 - \$48,038	\$48,039 - \$54,900
	Monthly Income	\$0 - \$2,287	\$2,288 - \$3,431	\$3,432 - \$4,002	\$4,003 - \$4,574
4	Annual Income	\$0 - \$33,130	\$33,131 - \$49,695	\$49,696 - \$57,978	\$57,979 - \$66,260
	Monthly Income	\$0 - \$2,760	\$2,761 - \$4,140	\$4,141 - \$4,830	\$4,831 - \$5,520
5	Annual Income	\$0 - \$38,810	\$38,811 - \$58,215	\$58,216 - \$67,918	\$67,919 - \$77,620
	Monthly Income	\$0 - \$3,234	\$3,235 - \$4,851	\$4,852 - \$5,660	\$5,661 - \$6,468
6	Annual Income	\$0 - \$44,490	\$44,491 - \$66,735	\$66,736 - \$77,858	\$77,859 - \$88,980
	Monthly Income	\$0 - \$3,707	\$3,708 - \$5,561	\$5,562 - \$6,487	\$6,488 - \$7,414
7	Annual Income	\$0 - \$50,170	\$50,171 - \$75,255	\$75,256 - \$87,798	\$87,799 - \$100,340
	Monthly Income	\$0 - \$4,180	\$4,181 - \$6,270	\$6,271 - \$7,315	\$7,316 - \$8,360
8	Annual Income	\$0 - \$55,850	\$55,851 - \$83,775	\$83,776 - \$97,738	\$97,739 - \$111,700
	Monthly Income	\$0 - \$4,654	\$4,655 - \$6,981	\$6,982 - \$8,145	\$8,146 - \$9,308