

## SAMPLE Sliding Fee Scale

Number of Family Members

Gross Annual Income	2	3	4	5	6	7
under \$15,000						
\$15,000	\$1					
\$16,000	\$5					
\$17,000	\$10	\$1				
\$18,000	\$15	\$5	\$1			
\$19,000	\$20	\$10	\$5	\$1		
\$20,000	\$30	\$15	\$10	\$5	\$1	
\$21,000	\$40	\$20	\$15	\$10	\$5	\$1
\$22,000	\$50	\$30	\$20	\$15	\$10	\$5
\$23,000	\$60	\$40	\$30	\$20	\$15	\$10
\$24,000	\$70	\$50	\$40	\$30	\$20	\$15
\$25,000	\$80	\$60	\$50	\$40	\$30	\$20
\$26,000	\$90	\$70	\$60	\$50	\$40	\$30
\$27,000	\$100	\$80	\$70	\$60	\$50	\$40
\$28,000	\$110	\$90	\$80	\$70	\$60	\$50
\$29,000	\$120	\$100	\$90	\$80	\$70	\$60
\$30,000	\$130	\$110	\$100	\$90	\$80	\$70
over \$30,000	\$140	\$120	\$110	\$100	\$90	\$80

**No one will be denied service due to the inability to pay.**