

**NEIGHBORHOOD HEALTH ASSOCIATION  
SLIDING FEE SCHEDULE  
Effective 4/1/2015**

ANNUAL						MONTHLY						TWICE-MONTHLY					
HOUSEHOLD SIZE	MIN	10%	30%	50%	70%	HOUSEHOLD SIZE	MIN	10%	30%	50%	70%	HOUSEHOLD SIZE	MIN	10%	30%	50%	70%
1	11,770	15,689	17,655	20,598	23,540	1	981	1,307	1,471	1,716	1,962	1	490	654	736	858	981
2	15,930	21,235	23,895	27,878	31,860	2	1,328	1,770	1,991	2,323	2,655	2	664	885	996	1,162	1,328
3	20,090	26,780	30,135	35,158	40,180	3	1,674	2,232	2,511	2,930	3,348	3	837	1,116	1,256	1,465	1,674
4	24,250	32,325	36,375	42,438	48,500	4	2,021	2,694	3,031	3,536	4,042	4	1,010	1,347	1,516	1,768	2,021
5	28,410	37,871	42,615	49,718	56,820	5	2,368	3,156	3,551	4,143	4,735	5	1,184	1,578	1,776	2,072	2,368
6	32,570	43,416	48,855	56,998	65,140	6	2,714	3,618	4,071	4,750	5,428	6	1,357	1,809	2,036	2,375	2,714
7	36,730	48,961	55,095	64,278	73,460	7	3,061	4,080	4,591	5,356	6,122	7	1,530	2,040	2,296	2,678	3,061
8	40,890	54,506	61,335	71,558	81,780	8	3,408	4,542	5,111	5,963	6,815	8	1,704	2,271	2,556	2,982	3,408

  

BI-WEEKLY						WEEKLY					
HOUSEHOLD SIZE	MIN	10%	30%	50%	70%	HOUSEHOLD SIZE	MIN	10%	30%	50%	70%
1	453	603	679	792	905	1	226	302	340	396	453
2	613	817	919	1,072	1,225	2	306	408	460	536	613
3	773	1,030	1,159	1,352	1,545	3	386	515	580	676	773
4	933	1,243	1,399	1,632	1,865	4	466	622	700	816	933
5	1,093	1,457	1,639	1,912	2,185	5	546	728	820	956	1,093
6	1,253	1,670	1,879	2,192	2,505	6	626	835	940	1,096	1,253
7	1,413	1,883	2,119	2,472	2,825	7	706	942	1,060	1,236	1,413
8	1,573	2,096	2,359	2,752	3,145	8	786	1,048	1,180	1,376	1,573

The amount in the column is the maximum amount of income appropriate for this level.

Example: household size is 1 Annual income is \$11,000 This is less than \$11,770 so the sliding fee would be minimum.

If the income amount exceeds that in the 70% column this person does not qualify for a sliding fee and is charged 100%.

Example: household size is 1 Annual income is \$23,700 No sliding fee is applied.