

**NEIGHBORHOOD HEALTH ASSOCIATION
SLIDING FEE SCHEDULE
Effective 4/1/2018**

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	12,140	16,183	18,210	21,245	24,280	1	1,012	1,349	1,518	1,770	2,023	1	506	674	759	885	1,012
2	16,460	21,941	24,690	28,805	32,920	2	1,372	1,828	2,058	2,400	2,743	2	686	914	1,029	1,200	1,372
3	20,780	27,700	31,170	36,365	41,560	3	1,732	2,308	2,598	3,030	3,463	3	866	1,154	1,299	1,515	1,732
4	25,100	33,458	37,650	43,925	50,200	4	2,092	2,788	3,138	3,660	4,183	4	1,046	1,394	1,569	1,830	2,092
5	29,420	39,217	44,130	51,485	58,840	5	2,452	3,268	3,678	4,290	4,903	5	1,226	1,634	1,839	2,145	2,452
6	33,740	44,975	50,610	59,045	67,480	6	2,812	3,748	4,218	4,920	5,623	6	1,406	1,874	2,109	2,460	2,812
7	38,060	50,734	57,090	66,605	76,120	7	3,172	4,228	4,758	5,550	6,343	7	1,586	2,114	2,379	2,775	3,172
8	42,380	56,493	63,570	74,165	84,760	8	3,532	4,708	5,298	6,180	7,063	8	1,766	2,354	2,649	3,090	3,532

BI-WEEKLY						WEEKLY					
HOUSEHOLD SIZE	MIN	10%	30%	50%	70%	HOUSEHOLD SIZE	MIN	10%	30%	50%	70%
1	467	622	700	817	934	1	233	311	350	409	467
2	633	844	950	1,108	1,266	2	317	422	475	554	633
3	799	1,065	1,199	1,399	1,598	3	400	533	599	699	799
4	965	1,287	1,448	1,689	1,931	4	483	643	724	845	965
5	1,132	1,508	1,697	1,980	2,263	5	566	754	849	990	1,132
6	1,298	1,730	1,947	2,271	2,595	6	649	865	973	1,135	1,298
7	1,464	1,951	2,196	2,562	2,928	7	732	976	1,098	1,281	1,464
8	1,630	2,173	2,445	2,853	3,260	8	815	1,086	1,223	1,426	1,630

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

Example: household size is 1 Annual income is \$12,000 This is less than \$12,140 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 \$24,500 No sliding fee is applied.