

APALACHEE CENTER FEE DISCOUNT SCHEDULE

Effective March 1, 2023

Based on 2023 HHS Federal Poverty Guidelines (FPG) as published in the *Federal Register* January 31, 2023.

Poverty Level		0-150% FPG	175%FPG	200%FPG	225%FPG	250%FPG	275%FPG	300%FPG	>300FPG
Fee Per Family member, per visit		Nominal Fee	\$5	\$15	\$30	\$45	\$65	\$85	Full Fee
Family Size	The fee discount is -->	100%	95%	85%	70%	55%	35%	15%	0%
1	If family income is less than or equal to -->	21,870	25,515	29,160	32,805	36,450	40,095	43,740	43,741+
2	If family income is less than or equal to -->	29,580	34,510	39,440	44,370	49,300	54,230	59,160	59,160+
3	If family income is less than or equal to -->	37,290	43,505	49,720	55,935	62,150	68,365	74,580	74,581+
4	If family income is less than or equal to -->	45,000	52,500	60,000	67,500	75,000	82,500	90,000	90,001+
5	If family income is less than or equal to -->	52,710	61,495	70,280	79,065	87,850	96,635	105,420	105,421+
6	If family income is less than or equal to -->	60,420	70,490	80,560	90,630	100,700	110,770	120,840	120,841+
7	If family income is less than or equal to -->	68,130	79,485	90,840	102,195	113,550	124,905	136,260	136,261+
8	If family income is less than or equal to -->	75,840	88,480	101,120	113,760	126,400	139,040	151,680	151,681+
For Families/households with more than 8 persons, add \$5,140 for each additional person.									

Instructions:

To determine the minimum payment for a client, first select the correct row under family size. Next, read across the row to the right until you find the first column with an income figure greater than the client's family income. Now, read the dollar amount at the top of the column. This is the client's payment. They will be charged this amount or our standard fee, whichever is less, for each service.

Note:

Assessed fees are equal to or less than the discounted percentage for services.