

# APALACHEE CENTER FEE DISCOUNT SCHEDULE

Effective March 1, 2024

Based on 2024 HHS Federal Poverty Guidelines (FPG) as published in the *Federal Register*, January 12, 2024.

Poverty Level		0-150% FPG	175%FPG	200%FPG	225%FPG	250%FPG	275%FPG	300%FPG	>300FPG
Fee Per Family member, per visit		\$2 Nominal Fee	\$5	\$15	\$30	\$45	\$65	\$85	Full Fee
Family Size	<b>The fee discount is</b>	<b>100%</b>	<b>95%</b>	<b>85%</b>	<b>70%</b>	<b>55%</b>	<b>35%</b>	<b>15%</b>	<b>0%</b>
<b>1</b>	If family income is less than or equal to -->	22,590	26,355	30,120	33,885	37,650	41,415	45,180	45,180+
<b>2</b>	If family income is less than or equal to -->	30,660	35,770	40,880	45,990	51,100	56,210	61,320	61,320+
<b>3</b>	If family income is less than or equal to -->	38,730	45,185	51,640	58,095	64,550	71,005	77,460	77,460+
<b>4</b>	If family income is less than or equal to -->	46,800	54,600	62,400	70,200	78,000	85,800	93,600	93,600+
<b>5</b>	If family income is less than or equal to -->	54,870	64,015	73,160	82,305	91,450	100,595	109,740	109,740+
<b>6</b>	If family income is less than or equal to -->	62,940	73,430	83,920	94,410	104,900	115,390	125,880	125,880+
<b>7</b>	If family income is less than or equal to -->	71,010	82,845	94,680	106,515	118,350	130,185	142,020	142,020+
<b>8</b>	If family income is less than or equal to -->	79,080	92,260	105,440	118,620	131,800	144,980	158,160	158,160+

**For Families/households with more than 8 persons, add \$5,380 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.