

2026-2027 Family Poverty Level (FPL) Guideline *

Family Size	100% of FPL	150% of FPL	200% of FPL	212.5% of FPL	225% of FPL	237.5% of FPL	250% of FPL
1	\$15,960.00	\$23,940.00	\$31,920.00	\$33,915.00	\$35,910.00	\$37,905.00	\$39,900.00
2	\$21,640.00	\$32,460.00	\$43,280.00	\$45,985.00	\$48,690.00	\$51,395.00	\$54,100.00
3	\$27,320.00	\$40,980.00	\$54,640.00	\$58,055.00	\$61,470.00	\$64,885.00	\$68,300.00
4	\$33,000.00	\$49,500.00	\$66,000.00	\$70,125.00	\$74,250.00	\$78,375.00	\$82,500.00
5	\$38,680.00	\$58,020.00	\$77,360.00	\$82,195.00	\$87,030.00	\$91,865.00	\$96,700.00
6	\$44,360.00	\$66,540.00	\$88,720.00	\$94,265.00	\$99,810.00	\$105,355.00	\$110,900.00
7	\$50,040.00	\$75,060.00	\$100,080.00	\$106,335.00	\$112,590.00	\$118,845.00	\$125,100.00
8	\$55,720.00	\$83,580.00	\$111,440.00	\$118,405.00	\$125,370.00	\$132,335.00	\$139,300.00

For families/households with more than 8 persons, add \$5,680 for each additional person.

**U.S. Federal Poverty Guidelines - U.S. Department of Health and Human Services*

2026 - 2027 Sliding Fee Scale * [Yearly Income]

Family Income is based on "monthly gross income"

Family Size	up to 200%	up to 212.5%	up to 225%	up to 237.5%	up to 250%	Not eligible
1	\$0 - \$31,920.00	\$31,920.01-\$33,915.00	\$33,915.01-\$35,910.00	\$35,910.01-\$37,905.00	\$37,905.01-\$39,900.00	\$39,900.01
2	\$0 - \$43,280.00	\$43,280.01-\$45,985.00	\$45,985.01-\$48,690.00	\$48,690.01-\$51,395.00	\$51,395.01-\$54,100.00	\$54,100.01
3	\$0 - \$54,640.00	\$54,640.01-\$58,055.00	\$58,055.01-\$61,470.00	\$61,470.01-\$64,885.00	\$64,885.01-\$68,300.00	\$68,300.01
4	\$0 - \$66,000.00	\$66,000.01-\$70,125.00	\$70,125.01-\$74,250.00	\$74,250.01-\$78,375.00	\$78,375.01-\$82,500.00	\$82,500.01
5	\$0 - \$77,360.00	\$77,360.01-\$82,195.00	\$82,195.01-\$87,030.00	\$87,030.01-\$91,865.00	\$91,865.01-\$96,700.00	\$96,700.01
6	\$0 - \$88,720.00	\$88,720.01-\$94,265.00	\$94,265.01-\$99,810.00	\$99,810.01-\$105,355.00	\$105,355.01-\$110,900.00	\$110,900.01
7	\$0 - \$100,080.00	\$100,080.01-\$106,335.00	\$106,335.01-\$112,590.00	\$112,590.01-\$118,845.00	\$118,845.01-\$125,100.00	\$125,100.01
8	\$0 - \$111,440.00	\$111,440.01-\$118,405.00	\$118,405.01-\$125,370.00	\$125,370.01-\$132,335.00	\$132,335.01-\$139,300.00	\$139,300.01
FEE %	No Fee	20%	40%	60%	80%	Full Rate
Monthly Center/FCCH Fee (per child)	\$0	\$102.10	\$204.20	\$306.30	\$408.40	\$510.50
Monthly HIPPI/PAT Fee (per child)	\$0	\$37.88	\$75.76	\$113.64	\$151.52	\$189.40

For family households with more than 8 persons, add \$5,680 for each additional person.

* Calculations based on U.S. Federal Poverty Guidelines - U.S. Department of Health and Human Services