

## 2025 - 2026 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	\$15,650.00	\$23,475.00	\$31,300.00	\$33,256.25	\$35,212.50	\$37,168.75	\$39,125.00
2	\$21,150.00	\$31,725.00	\$42,300.00	\$44,943.75	\$47,587.50	\$50,231.25	\$52,875.00
3	\$26,650.00	\$39,975.00	\$53,300.00	\$56,631.25	\$59,962.50	\$63,293.75	\$66,625.00
4	\$32,150.00	\$48,225.00	\$64,300.00	\$68,318.75	\$72,337.50	\$76,356.25	\$80,375.00
5	\$37,650.00	\$56,475.00	\$75,300.00	\$80,006.25	\$84,712.50	\$89,418.75	\$94,125.00
6	\$43,150.00	\$64,725.00	\$86,300.00	\$91,693.75	\$97,087.50	\$102,481.25	\$107,875.00
7	\$48,650.00	\$72,975.00	\$97,300.00	\$103,381.25	\$109,462.50	\$115,543.75	\$121,625.00
8	\$54,150.00	\$81,225.00	\$108,300.00	\$115,068.75	\$121,837.50	\$128,606.25	\$135,375.00

*For families/households with more than 8 persons, add \$5,140 for each additional person.*

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

### 2025 - 2026 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 - \$31,300.00	\$31,300.01 - \$33,256.25	\$33,256.26-35,212.50	\$35,212.51 - \$37,168.75	\$37,168.76 - 39,125.00	\$39,125.01
2	\$0 - \$42,300.00	\$42,301.00 - \$44,943.75	\$44,943.75 - \$47,587.50	\$47,587.51 - \$50,231.25	\$50,231.26 -\$52875.00	\$52,875.01
3	\$0 - \$53,300.00	\$53,300.01 - \$56,631.25	\$56,631.26 - \$59,962.50	\$59,962.51 - \$63,293.75	\$63,293.76 - \$66,625	\$66,625.01
4	\$0 - \$64,300.00	\$64,300.01 - \$68,318.75	\$68,318.76 - \$72,337.50	\$72,337.51 - \$76,356.25	\$76,356.26 - \$80,375.00	\$80,875.01
5	\$0 - \$75,300.00	\$75,300.01- \$80,006.25	\$80,006.26 - \$84,712.50	\$84,712.50 - \$89,418.75	\$89,418.75 - \$94,125.00	\$94,125.01
6	\$0 - \$86,300.00	\$86,300.01 - \$91,693.75	\$91,693.76-\$97,087.50	\$97,087.51-\$102,481.25	\$102,481.26-\$107,875.00	\$107,875.01
7	\$0 - \$97,300.00	\$97,300.01-\$103,381.25	\$103,381.26-\$109,462.50	\$109,462.51-\$115,543.75	\$115,543.76-\$121,625.00	\$121,625.01
8	\$0 -\$108,300.00	\$108,300.01-\$115,068.75	\$115,068.76 - \$121,837.50	\$121,837.51 - \$128,606.25	\$128,606.26 - \$135,375.00	\$135,375.01
<b>FEE %</b>	<b>No Fee</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>	<b>Full Rate</b>
Monthly Center/FCCH Fee (per child)	\$0	\$102.10	\$204.20	\$306.30	\$408.40	\$510.50
Monthly HIPPY/PAT Fee (per child)	\$0	\$37.88	\$75.76	\$113.64	\$151.52	\$189.40

*For family households with more than 8 persons, add \$5,140 for each additional person.*

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