2023 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	\$14,580.00	• \$21,870.00	\$29,160.00	\$30,982.50	\$32,805.00	\$34,627.50	\$36,450.00			
2	\$19,720.00	\$29,580.00	\$39,440.00	\$41,905.00	\$44,370.00	\$46,835.00	\$49,300.00			
3	\$24,860.00	\$37,290.00	\$49,720.00	\$52,827.50	\$55,935.00	\$59,042.50	\$62,150.00			
4	\$30,000.00	\$45,000.00	\$60,000.00	\$63,750.00	\$67,500.00	\$71,250.00	\$75,000.00			
5	\$35,140.00	\$52,710.00	\$70,280.00	\$74,672.50	\$79,065.00	\$83,457.50	\$87,850.00			
6	\$40,280.00	\$60,420.00	\$80,560.00	\$85,595.00	\$90,630.00	\$95,665.00	\$100,700.00			
7	\$45,420.00	\$68,130.00	\$90,840.00	\$96,517.50	\$102,195.00	\$107,872.50	\$113,550.00			
8	\$50,560.00	\$75,840.00	\$101,120.00	\$107,440.00	\$113,760.00	\$120,080.00	\$126,400.00			
r 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

2023 - 2024 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 - \$29,160	\$29,160.01 - 30,982.50	\$30,982.51 - \$32,805	\$32,805.01 - \$34,627.50	\$34,627.51 - \$36,450	\$36,450.01					
2	\$0 - \$39,440	\$39,440.01 - \$41,905	\$41,905.01 - \$44,370	\$44,370.01 - \$46,835	\$46,835.01 -\$49,300	\$49,300.01					
3	\$0 - \$49,720	\$49,720.01 - \$52,827.50	\$52,827.51 - \$55,935	\$55,935.01 - \$59,042.50	\$59,042.51 - \$62,150	\$62,150.01					
4	\$0 - \$60,000	\$60,000.01 - \$63,750	\$63,750.01 - \$67,500	\$67,500.01 - \$71,250	\$71,250.01 - \$75,000	\$75,000.01					
5	\$0 - \$70,280	\$70,280.01 - \$74,672.50	\$74,672.51 - \$79,065	\$79,065.01 - \$83,457.50	\$83,457.51 - \$87,850	\$87,850.01					
6	\$0 - \$80,560	\$80,560.01 - \$85,595	\$85,595.01 - \$90,630	\$90,630.01 - \$95,665	\$95,665.01 - \$100,700	\$100,700.01					
7	\$0 - \$90,840	\$90,840.01 - \$96,517.50	\$96,517.51 - \$102,195	\$102,195.01 - \$107,872.50	\$107,872.51 - \$113,550	\$113,550.01					
8	\$0 -\$101,120	\$101,120.01 - \$107,440	\$107,440.01 - \$113,760	\$113,760.01 - \$120,080	\$120,080.01 - \$126,400	\$126,400.01					
FEE %	No Fee	20%	40%	60%	80%	Full Rate					
Monthly Center/FCCH Fee (per child)	\$0	\$101.40	\$202.80	\$304.20	\$405.60	\$507.00					
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											