Sample Sliding Fee Scale 2015 - Ohio Department of Health

Assessed Rate		Household Size 1	2	3	4	5	6	7	8
	annual	$ 11,770	$ 15,930	$ 20,090	$ 24,250	$ 28,410	$ 31,970	$ 36,730	$ 40,890
0%	monthly	$ 981	$ 1,328	$ 1,674	$ 2,021	$ 2,368	$ 2,664	$ 3,061	$ 3,408
	weekly	$ 226	$ 306	$ 386	$ 466	$ 546	$ 615	$ 706	$ 786
	annual	$11,771 - $ 16,183	$ 15,931 - $ 21,903	$ 20,091 - $ 27,623	$ 24,251 - $ 33,343	$ 28,411 - $39,063	$ 31,971 - $ 43,958	$ 36,731 - $ 50,503	$ 40,891 - $ 56,223
20%	monthly	$ 982 - $ 1,348	$ 1,329 - $ 1,824	$ 1,675 - $ 2,301	$ 2,022 - $ 2,778	$ 2,369 - $ 3,254	$ 2,665 - $ 3,662	$ 3,062 - $ 4,208	$ 3,409 - $ 4,684
	weekly	$ 227 - $ 310	$ 307 - $ 420	$ 387 - $ 530	$ 467 - $ 640	$ 547 - $ 750	$ 616 - $ 844	$ 707 - $ 970	$ 787 - $ 1,080
	annual	$16,184 - $ 20,597	$ 21,904 - $ 27,877	$ 27,624 - $ 35,157	$ 33,344 - $ 42,437	$ 39,064 - $49,717	$ 43,959 - $ 55,947	$ 50,504 - $ 64,277	$ 56,224 - $ 71,557
40%	monthly	$ 1,349 - $ 1,715	$ 1,825 - $ 2,322	$ 2,302 - $ 2,929	$ 2,779 - $ 3,535	$ 3,255 - $ 4,142	$ 3,663 - $ 4,661	$ 4,209 - $ 5,355	$ 4,685 - $ 5,962
	weekly	$ 311 - $ 395	$ 421 - $ 535	$ 531 - $ 675	$ 641 - $ 815	$ 751 - $ 955	$ 845 - $ 1,075	$ 971 - $ 1,235	$ 1,081 - $ 1,375
	annual	$20,598 - $ 25,010	$ 27,878 - $ 33,850	$ 35,158 - $ 42,690	$ 42,438 - $ 51,530	$ 49,718 - $60,370	$ 55,948 - $ 67,935	$ 64,278 - $ 78,050	$ 71,558 - $ 86,890
60%	monthly	$ 1,716 - $ 2,083	$ 2,323 - $ 2,820	$ 2,930 - $ 3,557	$ 3,536 - $ 4,293	$ 4,143 - $ 5,030	$ 4,662 - $ 5,660	$ 5,356 - $ 6,503	$ 5,963 - $ 7,240
	weekly	$ 396 - $ 480	$ 536 - $ 650	$ 676 - $ 820	$ 816 - $ 990	$ 956 - $ 1,160	$ 1,076 - $ 1,305	$ 1,236 - $ 1,500	$ 1,376 - $ 1,670
	annual	$25,011 - $ 29,424	$ 33,851 - $ 39,824	$ 42,691 - $ 50,224	$ 51,531 - $ 60,624	$ 60,371 - $71,024	$ 67,936 - $ 79,924	$ 78,051 - $ 91,824	$ 86,891 - $102,224
80%	monthly	$ 2,084 - $ 2,451	$ 2,821 - $ 3,318	$ 3,558 - $ 4,184	$ 4,294 - $ 5,051	$ 5,031 - $ 5,918	$ 5,661 - $ 6,659	$ 6,504 - $ 7,651	$ 7,241 - $ 8,518
	weekly	$ 481 - $ 565	$ 651 - $ 765	$ 821 - $ 965	$ 991 - $ 1,165	$ 1,161 - $ 1,365	$ 1,306 - $ 1,536	$ 1,501 - $ 1,765	$ 1,671 - $ 1,965
	annual	$ 29,425	$ 39,825	$ 50,225	$ 60,625	$ 71,025	$ 79,925	$ 91,825	$ 102,225
100%	monthly	$ 2,452	$ 3,319	$ 4,185	$ 5,052	$ 5,919	$ 6,660	$ 7,652	$ 8,519
	weekly	$ 566	$ 766	$ 966	$ 1,166	$ 1,366	$ 1,537	$ 1,766	$ 1,966

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD $4,160 FOR EACH ADDITIONAL FAMILY MEMBER.

SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.

BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 01/22/15

Date: _____ **Project#:** _____ **Project Name:** _____

County: _____ **Agency Name:** _____