

## FY2026 Sliding Fee Scale

Annual Income		Number of Family Members							
At Least	Not Over	1	2	3	4	5	6	7	8
\$ -	\$ 15,650	A	A	A	A	A	A	A	A
\$ 15,651	\$ 21,150	B	A	A	A	A	A	A	A
\$ 21,151	\$ 26,650	C	B	A	A	A	A	A	A
\$ 26,651	\$ 32,150	D	C	B	A	A	A	A	A
\$ 32,151	\$ 37,650	FULL	D	B	B	A	A	A	A
\$ 37,651	\$ 43,150	FULL	FULL	C	B	B	A	A	A
\$ 43,151	\$ 48,650	FULL	FULL	D	C	B	B	A	A
\$ 48,651	\$ 54,150	FULL	FULL	FULL	D	C	B	B	A
\$ 54,151	\$ 59,650	FULL	FULL	FULL	D	C	C	B	B
\$ 59,651	\$ 65,150	FULL	FULL	FULL	FULL	D	C	C	B
\$ 65,151	\$ 70,650	FULL	FULL	FULL	FULL	FULL	D	C	C
\$ 70,651	\$ 76,150	FULL	FULL	FULL	FULL	FULL	FULL	D	C
\$ 76,151	\$ 81,650	FULL	FULL	FULL	FULL	FULL	FULL	FULL	D
Full Fee		FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL

Scale	Individual Therapy	Group Therapy	MD/ARNP	TR/ADH
A	\$1* - \$10	\$1* - \$10	\$1* - \$12	\$1* - \$12
B	\$7* - \$12	\$4* - \$10	\$12* - \$24	\$3* - \$12
C	\$13* - \$17	\$5* - \$10	\$22* - \$40	\$9* - \$12
D	\$22* - \$25	\$6.5* - \$19	\$38* - \$40	\$10* - \$12
Full Fee	\$25* - \$125	\$8.5* - \$72	\$50* - \$190	\$12* - \$40