



Client Name (printed) :	
Client Signature:	
Family Yearly Gross Income:	
Number of Dependents:	

**Medically Supervised Sliding Fee Scale
Daily Rate**

Yearly Household Income	Number of Family Members in Household					
	1	2	3	4	5	6
\$0 - \$5,999	\$ 75.40	\$ 37.70	\$ 37.70	\$ 37.70	\$ 37.70	\$ 37.70
\$6,000 - \$7,999	\$ 75.40	\$ 75.40	\$ 37.70	\$ 37.70	\$ 37.70	\$ 37.70
\$8,000 - \$9,999	\$ 113.09	\$ 75.40	\$ 75.40	\$ 37.70	\$ 37.70	\$ 37.70
\$10,000 - \$11,999	\$ 113.09	\$ 113.09	\$ 75.40	\$ 75.40	\$ 37.70	\$ 37.70
\$12,000 - \$13,999	\$ 150.79	\$ 113.09	\$ 113.09	\$ 75.40	\$ 75.40	\$ 37.70
\$14,000 - \$15,999	\$ 150.79	\$ 150.79	\$ 113.09	\$ 113.09	\$ 75.40	\$ 75.40
\$16,000 - \$17,999	\$ 188.49	\$ 150.79	\$ 150.79	\$ 113.09	\$ 113.09	\$ 75.40
\$18,000 - \$19,999	\$ 188.49	\$ 188.49	\$ 150.79	\$ 150.79	\$ 113.09	\$ 113.09
\$20,000 - \$23,999	\$ 226.19	\$ 188.49	\$ 188.49	\$ 150.79	\$ 150.79	\$ 113.09
\$24,000 - \$28,999	\$ 226.19	\$ 226.19	\$ 188.49	\$ 188.49	\$ 150.79	\$ 150.79
\$29,000 - \$31,999	\$ 263.88	\$ 226.19	\$ 226.19	\$ 188.49	\$ 188.49	\$ 150.79
\$32,000 plus	\$ 301.58	\$ 263.88	\$ 226.19	\$ 226.19	\$ 188.49	\$ 188.49

Daily Rate Determined:	
Income Verification Documents:	
FLACRA Staff Member:	

Sliding Fee Scale to be used for Uninsured and Insurances who do not cover services provided