

## 2019 OPPC Sliding Fee Scale

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty		
Poverty Level*	At or Below 100% FPL	101%-200% FPL
Family Size	Nominal Fee (\$5)	70% Pay
1	0-\$12,490	\$12,491-\$24,980
2	0-\$16,910	\$16,911-\$33,820
3	0-\$21,330	\$21,331-\$42,660
4	0-\$25,750	\$25,751-\$51,500
5	0-\$30,170	\$30,171-\$60,340
6	0-\$34,590	\$34,591-\$69,180
7	0-\$39,010	\$39,011-\$78,020
8	0-\$43,430	\$43,431-\$86,860
For Each Additional Person, Add	\$4,420	\$4,421-\$8,840

*2018 HHS Poverty Guidelines Effective January 13, 2018 - Federal Register, Document Citation: 83 FR 2642 Document number 2018-00814, January 18, 2018, pp. 2642-2644*

*Sliding fee scale based upon total gross household income from all sources including Wages, Unemployment, Worker's Compensation, Public Assistance, Retirement, SSI/SSD, Child Support/Alimony, CFSA Stipend, Federal Foster Care Payments, Military and Veterans and shall include the number of persons residing in the household & sharing common living areas.*

Family Size	
Income Per Pay Period	
Pay Frequency	
Annual Income	
Sliding Fee Amount Owed	

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Staff Signature & Date

Revised Date: 1/2/2019