

**We understand this form may seem very confusing.**

**We do not mind explaining it to you.**

**Don't hesitate to give us a call at (479) 839-8542!**

**2022 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	\$13,590.00	\$20,385.00	\$27,180.00	\$28,878.75	\$30,577.50	\$32,276.25	\$33,975.00
2	\$18,310.00	\$27,465.00	\$36,620.00	\$38,908.75	\$41,197.50	\$43,486.25	\$45,775.00
3	\$23,030.00	\$34,545.00	\$46,060.00	\$48,938.75	\$51,817.50	\$54,696.25	\$57,575.00
4	\$27,750.00	\$41,625.00	\$55,500.00	\$58,968.75	\$62,437.50	\$65,906.25	\$69,375.00
5	\$32,470.00	\$48,705.00	\$64,940.00	\$68,998.75	\$73,057.50	\$77,116.25	\$81,175.00
6	\$37,190.00	\$55,785.00	\$74,380.00	\$79,028.75	\$83,677.50	\$88,326.25	\$92,975.00
7	\$41,910.00	\$62,865.00	\$83,820.00	\$89,058.75	\$94,297.50	\$99,536.25	\$104,775.00
8	\$46,630.00	\$69,945.00	\$93,260.00	\$99,088.75	\$104,917.50	\$110,746.25	\$116,575.00

*For families/households with more than 8 persons, add \$4,720.00 for each additional person.*

*\*U.S. Federal Poverty Guidelines - U.S. Department of Health and Human Services*

**2022 - 2023 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 - \$27,180.00	\$27,180.01 - \$28,878.75	\$28,878.76 - \$30,577.50	\$30,577.51 - \$32,276.25	\$32,276.26 - \$33,975.00	\$33,975.01
2	\$0 - \$36,620.00	\$36,620.01 - \$38,908.75	\$38,908.76 - \$41,197.50	\$41,197.51 - \$43,486.25	\$43,486.26 - \$45,775.00	\$45,775.01
3	\$0 - \$46,060.00	\$46,060.01 - \$48,938.75	\$48,938.76 - \$51,817.50	\$51,817.51 - \$54,696.25	\$54,696.26 - \$57,575.00	\$57,575.01
4	\$0 - \$55,500.00	\$55,500.01 - \$58,968.75	\$58,968.76 - \$62,437.50	\$62,437.51 - \$65,906.25	\$65,906.26 - \$69,375.00	\$69,375.01
5	\$0 - \$64,940.00	\$64,940.01 - \$68,998.75	\$68,998.76 - \$73,057.50	\$73,057.51 - \$77,116.25	\$77,116.26 - \$81,175.00	\$81,175.01
6	\$0 - \$74,380.00	\$74,380.01 - \$79,028.75	\$79,028.76 - \$83,677.50	\$83,677.51 - \$88,326.25	\$88,326.26 - \$92,975.00	\$92,975.01
7	\$0 - \$83,820.00	\$83,820.01 - \$89,058.75	\$89,058.76 - \$94,297.50	\$94,297.51 - \$99,536.25	\$99,536.26 - \$104,775.00	\$104,775.01
8	\$0 - \$93,260.00	\$93,260.01 - \$99,088.75	\$99,088.76 - \$104,917.50	\$104,917.51 - \$110,746.25	\$110,746.26 - \$116,575.00	\$116,575.01
<b>FEE %</b>	<b>No Fee</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>80%</b>	<b>Full Rate</b>
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 \$4,720.00 for each additional person.*

*\* Calculations based on U.S. Federal Poverty Guidelines - U.S. Department of Health and Human Services*

## Client Fee Chart at 85% State Median Income (Effective October 1, 2022)

Family Size	Monthly Income		
	No Copay	Copay	Not Eligible
1	\$1,290.57	\$2,742.45	\$2,742.46
2	\$1,687.67	\$3,586.29	\$3,586.30
3	\$2,084.77	\$4,430.12	\$4,430.13
4	\$2,481.87	\$5,273.96	\$5,273.97
5	\$2,878.97	\$6,117.79	\$6,117.80
6	\$3,276.06	\$6,961.63	\$6,961.64
7	\$3,350.52	\$7,119.85	\$7,119.86
8	\$3,424.98	\$7,278.06	\$7,278.07
9	\$3,499.43	\$7,436.28	\$7,436.29
10	\$3,573.89	\$7,594.50	\$7,594.51
11	\$3,648.34	\$7,752.72	\$7,752.73
12	\$3,722.80	\$7,910.94	\$7,910.95
13	\$3,797.26	\$8,069.16	\$8,069.17
14	\$3,871.71	\$8,227.38	\$8,227.39
15	\$3,946.17	\$8,385.60	\$8,385.61
	<b>No Copay</b>	<b>Copay</b>	<b>Not Eligible</b>

Use the following multipliers to convert various income to Monthly Income:

Weekly	4.334	Twice Monthly	2
Bi-Weekly	2.167	Monthly	1

Example: A two-parent household with three children has one parent working 40 hours per week at \$10.00 per hour. Another parent works 35 hours per week at \$8.50 per hour.

Parent #1:	40 hours x \$10.00/hr =	\$400.00 per week
Parent #2:	35 hours x \$8.50/hr =	\$297.50 per week
Total:		\$697.50 per week

Convert to Monthly amount	\$697.50 x 4.334 =	\$3,022.97
Monthly Income		\$3,022.97

Under the fee chart for a family of 5, you will see that \$3,022.97 is eligible with a copay.

The amount of your copay is based of a few factors:

- Your Monthly income determines whether you have no copay, have a copay or are not eligible.
- Your copay percentage is based off of the Better Beginnings Star level of the facility your child attends.
- The amount due as your copay is the percentage multiplied by the facility rate per day.

Copay Percentage	Better Beginnings Star Level
2%	★★★★
4%	★★

SMI Source: <https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2022-04-state-median-income-estimates-optional-use-ffy-2022-and>  
as advised by the National Center on Subsidy Innovation and Accountability (NCSIA)