

2025 - 2026 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 | \$15,650.00 | \$23,475.00 | \$31,300.00 | \$33,256.25 | \$35,212.50 | \$37,168.75 | \$39,125.00 |
| 2 | \$21,150.00 | \$31,725.00 | \$42,300.00 | \$44,943.75 | \$47,587.50 | \$50,231.25 | \$52,875.00 |
| 3 | \$26,650.00 | \$39,975.00 | \$53,300.00 | \$56,631.25 | \$59,962.50 | \$63,293.75 | \$66,625.00 |
| 4 | \$32,150.00 | \$48,225.00 | \$64,300.00 | \$68,318.75 | \$72,337.50 | \$76,356.25 | \$80,375.00 |
| 5 | \$37,650.00 | \$56,475.00 | \$75,300.00 | \$80,006.25 | \$84,712.50 | \$89,418.75 | \$94,125.00 |
| 6 | \$43,150.00 | \$64,725.00 | \$86,300.00 | \$91,693.75 | \$97,087.50 | \$102,481.25 | \$107,875.00 |
| 7 | \$48,650.00 | \$72,975.00 | \$97,300.00 | \$103,381.25 | \$109,462.50 | \$115,543.75 | \$121,625.00 |
| 8 | \$54,150.00 | \$81,225.00 | \$108,300.00 | \$115,068.75 | \$121,837.50 | \$128,606.25 | \$135,375.00 |

For families/households with more than 8 persons, add \$5,140 for each additional person.

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

2025 - 2026 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 - \$31,300.00 | \$31,300.01 - \$33,256.25 | \$33,256.26-35,212.50 | \$35,212.51 - \$37,168.75 | \$37,168.76 - 39,125.00 | \$39,125.01 |
| 2 | \$0 - \$42,300.00 | \$42,301.00 - \$44,943.75 | \$44,943.75 - \$47,587.50 | \$47,587.51 - \$50,231.25 | \$50,231.26 - \$52,875.00 | \$52,875.01 |
| 3 | \$0 - \$53,300.00 | \$53,300.01 - \$56,631.25 | \$56,631.26 - \$59,962.50 | \$59,962.51 - \$63,293.75 | \$63,293.76 - \$66,625 | \$66,625.01 |
| 4 | \$0 - \$64,300.00 | \$64,300.01 - \$68,318.75 | \$68,318.76 - \$72,337.50 | \$72,337.51 - \$76,356.25 | \$76,356.26 - \$80,375.00 | \$80,875.01 |
| 5 | \$0 - \$75,300.00 | \$75,300.01- \$80,006.25 | \$80,006.26 - \$84,712.50 | \$84,712.50 - \$89,418.75 | \$89,418.75 - \$94,125.00 | \$94,125.01 |
| 6 | \$0 - \$86,300.00 | \$86,300.01 - \$91,693.75 | \$91,693.76-\$97,087.50 | \$97,087.51-\$102,481.25 | \$102,481.26-\$107,875.00 | \$107,875.01 |
| 7 | \$0 - \$97,300.00 | \$97,300.01-\$103,381.25 | \$103,381.26-\$109,462.50 | \$109,462.51-\$115,543.75 | \$115,543.76-\$121,625.00 | \$121,625.01 |
| 8 | \$0 - \$108,300.00 | \$108,300.01-\$115,068.75 | \$115,068.76 - \$121,837.50 | \$121,837.51 - \$128,606.25 | \$128,606.26 - \$135,375.00 | \$135,375.01 |
| FEE % | No Fee | 20% | 40% | 60% | 80% | Full Rate |
| Monthly Center/FCCH Fee (per child) | \$0 | \$102.10 | \$204.20 | \$306.30 | \$408.40 | \$510.50 |
| 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 \$5,140 for each additional person.

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