# Sliding Scale Fee Schedule

CCW BH Services  
Effective Date: 4/8/2025

## Eligibility Requirements

Patients must submit proof of income (e.g., recent pay stubs, tax return, or SSI/SSDI benefit letter) and household size documentation to qualify for reduced fees. Discounts do not apply to insurance co-pays or deductibles.

## Sliding Scale Fee Table

The following table outlines the discount levels based on Federal Poverty Level (FPL) guidelines and income:

FPL % | Discount | Initial Eval Fee | Follow-Up Fee  
------------- | -------- | ---------------- | --------------  
0–100% FPL | 80% | $50 | $30  
101–150% FPL | 60% | $80 | $50  
151–200% FPL | 40% | $120 | $75  
201–250% FPL | 20% | $160 | $100  
>250% FPL | 0% | $200 | $125

## 2025 Federal Poverty Guidelines by Household Size

Household Size | 100% FPL | 150% FPL | 200% FPL | 250% FPL  
---------------|-----------|-----------|-----------|-----------  
1 | $15,060 | $22,590 | $30,120 | $37,650  
2 | $20,440 | $30,660 | $40,880 | $51,100  
3 | $25,820 | $38,730 | $51,640 | $64,550  
4 | $31,200 | $46,800 | $62,400 | $78,000  
5 | $36,580 | $54,870 | $73,160 | $91,450  
6 | $41,960 | $62,940 | $83,920 | $104,900  
**Add $5,380 for each additional household member.**

## Required Documentation

Acceptable proof of income includes:  
- Most recent federal tax return  
- Two recent pay stubs  
- Current SSI/SSDI or unemployment award letter  
- Employer letter for self-employed individuals

## Acknowledgment

Patients must complete a Sliding Scale Application and sign a financial agreement annually. Failure to provide current documentation will result in full fee responsibility.