Parent Share of Cost Sliding Fee Scale

Based on Family Size and Gross Monthly Income

Option 1 – Federal Poverty Guidelines (FPG)¹

	0 - 50	51 – 75	76 – 100	101 – 125	126 – 150	151 – 175	176 – 185	186 - 200	201 – 85
	percent of								
	FPG	SMI							
1 st Child	\$	\$	\$	\$	\$	\$	\$	\$	\$
Each									
Additional Child	\$	\$	\$	\$	\$	\$	\$	\$	\$

Option 2 – State Median Income (SMI)

	0 - 20	21 - 30	31 – 40	41 - 50	51 – 60	61 - 70	71 - 75	76 - 80	81 - 85
	percent of								
	SMI								
1 st Child	\$	\$	\$	\$	\$	\$	\$	\$	\$
Each									
Additional Child	\$	\$	\$	\$	\$	\$	\$	\$	\$

¹ U.S. Department of Health and Human Services Poverty Guidelines