

County Social Services  
2020 Sliding Fee Schedule for CMHC Outpatient Services

	<b>Household Size:</b>								
<b>Client Co-Payments</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>% Poverty</b>
<b>Income listed is the upper threshold for that copayment.</b>									
<b>No Fee</b>	\$1,595	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515	150%
<b>\$10</b>	\$1,808	\$2,442	\$3,077	\$3,712	\$4,346	\$4,981	\$5,616	\$6,250	170%
<b>\$20</b>	\$2,020	\$2,730	\$3,439	\$4,148	\$4,858	\$5,567	\$6,276	\$6,986	190%
<b>\$30</b>	\$2,233	\$3,017	\$3,801	\$4,585	\$5,369	\$6,153	\$6,937	\$7,721	210%
<b>\$40</b>	\$2,446	\$3,304	\$4,163	\$5,022	\$5,880	\$6,739	\$7,598	\$8,456	230%
<b>\$50</b>	\$2,658	\$3,592	\$4,525	\$5,458	\$6,392	\$7,325	\$8,258	\$9,192	250%
<b>\$60</b>	\$2,871	\$3,879	\$4,887	\$5,895	\$6,903	\$7,911	\$8,919	\$9,927	270%
<b>\$70</b>	\$3,084	\$4,166	\$5,249	\$6,332	\$7,414	\$8,497	\$9,580	\$10,662	290%
<b>\$80</b>	\$3,296	\$4,454	\$5,611	\$6,768	\$7,926	\$9,083	\$10,240	\$11,398	310%
<b>\$90</b>	\$3,509	\$4,741	\$5,973	\$7,205	\$8,437	\$9,669	\$10,901	\$12,133	330%
<b>\$100</b>	\$3,722	\$5,028	\$6,335	\$7,642	\$8,948	\$10,255	\$11,562	\$12,868	350%
<b>Full Fee</b>	<b>&gt;\$3,722</b>	<b>&gt;\$5,028</b>	<b>&gt;\$6,335</b>	<b>&gt;\$7,642</b>	<b>&gt;\$8,948</b>	<b>&gt;\$10,255</b>	<b>&gt;\$11,562</b>	<b>&gt;\$12,868</b>	<b>&gt;350%</b>

\*monthly gross income

**Income listed is the upper threshold for that copayment.**

100% Poverty	\$1,063	\$1,437	\$1,810	\$2,183	\$2,557	\$2,930	\$3,303	\$3,677
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