

**Easterseals Michigan**  
**Oakland County**  
**Ability to Pay Sliding Fee Scale**

**For qualified persons who are uninsured or are receiving non-covered behavioral health services.**

Behavioral health services rates are based on ability to pay as established by the Category Determination Chart for Sliding Fee Scale (below). Income limits are based on the 2019 Federal Poverty Level guidelines and are updated annually. Ability to pay is determined annually and whenever your financial situation changes. Documentation of family size and income may be required before a discount is approved.

**Category Determination Chart for Sliding Fee Scale**

Family Size	<u>A</u> Annual Income Limit	<u>B</u> Annual Income Limit	<u>C</u> Annual Income Limit	<u>D</u> Annual Income Limit	<u>E</u> Annual Income Limit
1	\$16,574	\$20,812	\$24,924	\$31,155	\$37,386
2	\$22,440	\$28,176	\$33,744	\$42,180	\$50,616
3	\$28,305	\$35,541	\$42,564	\$53,205	\$63,846
4	\$34,170	\$42,906	\$51,384	\$64,230	\$77,076
5	\$40,036	\$50,270	\$60,204	\$75,255	\$90,306
6	\$45,901	\$57,635	\$69,024	\$86,280	\$103,536
7	\$51,766	\$65,000	\$77,844	\$97,305	\$116,766
8	\$57,632	\$72,364	\$86,664	\$108,330	\$129,996
For each additional family member add:	\$5,865	\$7,365	\$8,820	\$11,025	\$13,230

**Sliding Fee Scale** (Based on Category Determination Chart above)

<u>Category</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Visit Rate per Day	\$0	\$5	\$10	\$25	\$40

I understand that I am responsible for fees as indicated in Column \_\_\_\_\_ above.

Individual Served Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Name of Responsible Person: (Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Person Date

\_\_\_\_\_  
Case Holder Signature Date

***No person will be denied services based on a lack of ability to pay.***

Rates effective February 1, 2019 thru September 30, 2019.