



Sliding Fee Scale - 2022

Maximum Annual income Amounts for each Sliding Fee Percentage Category

Poverty Level	100%		125%	150%	175%	200%	>200%	
Family Size	Charge							
	Nominal Fee (\$10)		20%	40%	60%	80%	100%	
1	\$0	-	\$13,590	\$16,988	\$20,385	\$23,783	\$27,180	\$27,181+
2	\$0	-	\$18,310	\$22,888	\$27,465	\$32,043	\$36,620	\$36,621+
3	\$0	-	\$23,030	\$28,788	\$34,545	\$40,303	\$46,060	\$46,061+
4	\$0	-	\$27,750	\$34,688	\$41,625	\$48,563	\$55,500	\$55,501+
5	\$0	-	\$32,470	\$40,588	\$48,705	\$56,823	\$64,940	\$64,941+
6	\$0	-	\$37,190	\$46,488	\$55,785	\$65,083	\$74,380	\$74,381+
7	\$0	-	\$41,910	\$52,388	\$62,865	\$73,343	\$83,820	\$83,821+
8	\$0	-	\$46,630	\$58,288	\$69,945	\$81,603	\$93,260	\$93,261+
For each additional person, add:	\$4,720		\$5,900	\$7,080	\$8,260	\$9,440	\$9,487	

*Based on the 2022 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two state. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.



Sliding Fee Scale Application

It is the policy of Eastchester Family Services (EFS) to provide essential services regardless of the client's ability to pay. EFS offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name: _____ **Date:** _____

Address _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Please list all household members, including those under age 18.

	Name	Date of Birth
Self		
Other		
Other		
Other		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			



I certify that the family size and income information shown above is correct.

Name (Print): _____

Signature: _____ **Date:** _____

Office Use Only			
Client Name:		Approved Discount:	
Approved By:		Date Approved:	

Verification Checklist	Yes	No
Identification / Address: Driver's license, utility bill, employment ID, or other.		
Income: Prior year tax return, three most recent pay stubs, or other.		

Self-declaration of income may also be used.