

Intensive Outpatient/Partial Hospitalization

Family Size	Monthly Income Equal to or Less Than	Monthly Income Equal to or Less Than	Monthly Income Equal to or Less Than	Monthly Income Equal to or Less Than	Monthly Income Equal to or Less Than	Monthly Income Equal to or Less Than	Monthly Income Greater Than
1	\$1,884	\$2,449	\$3,014	\$3,579	\$4,145	\$4,710	\$4,710
2	\$2,551	\$3,316	\$4,081	\$4,846	\$5,611	\$6,376	\$6,376
3	\$3,217	\$4,182	\$5,148	\$6,113	\$7,078	\$8,043	\$8,043
4	\$3,884	\$5,049	\$6,214	\$7,380	\$8,545	\$9,710	\$9,710
5	\$4,551	\$5,916	\$7,281	\$8,646	\$10,011	\$11,377	\$11,377
6	\$5,217	\$6,783	\$8,348	\$9,913	\$11,478	\$13,043	\$13,043
7	\$5,884	\$7,649	\$9,414	\$11,180	\$12,945	\$14,710	\$14,710
8	\$6,551	\$8,516	\$10,481	\$12,446	\$14,412	\$16,377	\$16,377
9	\$7,217	\$9,383	\$11,548	\$13,713	\$15,878	\$18,043	\$18,043
10	\$7,884	\$10,249	\$12,614	\$14,980	\$17,345	\$19,710	\$19,710
Client Liability:	0%	10%	20%	30%	40%	50%	100%