Healthy Family Services OF Texas

# Sliding Fee Application

Last Name _____ First Name _____

Date of Birth _____ Phone Number _____

Are you employed? ☐ Yes ☐ No

Name of Employer _____

Do you receive: ☐ Social Security ☐ Unemployment?

Please list spouse and dependents living in your household:

| Name | **DOB** | Relationship |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

By my signature below I attest that the information provided herein is complete and accurate. I understand that I may be required to provide additional information and documentation upon request for the purpose of determining my eligibility to participate in the Sliding Fee Discount Program. I agree to inform HFSTX of any changes of condition or circumstance that might impact my eligibility to participate in the Discount Program. I understand I am responsible for the minimum fee for the sliding fee category assigned at the time of each medical visit unless other arrangements have been made.

Patient/Guardian Signature _____ Date _____

**Office Use only**

Income Period: ☐ Weekly (x52) ☐ Bi-Weekly (x26) ☐ Monthly (x12)

☐ Semi-Monthly (x24) ☐ Annual (x1)

Household Income: $ _____ Family Size: _____ % of Poverty: _____

Type of Income: ☐ Check Stub ☐ W2/Income Tax ☐SSI ☐ Award Letter

☐ Other: _____

Sliding Fee Category Assigned: ☐ A-$10 ☐ B-$20 ☐ C-$30 ☐ D-$40 ☐ E-$50 ☐ N/A

**Healthy Family Services of Texas - 2025 Sliding Fee Discount Schedule**

| % of Poverty Level* | 0% | 100% | 101% | 125% | 126% | 150% | 151% | 175% | 176% | 200% | Above 200% |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FAMILY SIZE | Level 1 | | Level 2 | | Level 3 | | Level 4 | | Level 5 | | Level 6 |
| | $10 | | $20 | | $30 | | $40 | | $50 | | 100% pay |
| | Minimum | Maximum | Minimum | Maximum | Minimum | Maximum | Minimum | Maximum | Minimum | Maximum | |
| 1 | $0 | $15,650 | $15,651 | $19,563 | $19,564 | $23,475 | $23,476 | $27,388 | $27,389 | $31,300 | $31,301+ |
| 2 | $0 | $21,150 | $21,151 | $26,438 | $26,439 | $31,725 | $31,726 | $37,013 | $37,014 | $42,300 | $42,301+ |
| 3 | $0 | $26,650 | $26,651 | $33,313 | $33,314 | $39,975 | $39,976 | $46,638 | $46,639 | $53,300 | $53,301+ |
| 4 | $0 | $32,150 | $32,151 | $40,188 | $40,189 | $48,225 | $48,226 | $56,263 | $56,264 | $64,300 | $64,301+ |
| 5 | $0 | $37,650 | $37,651 | $47,063 | $47,064 | $56,475 | $56,476 | $65,888 | $65,889 | $75,300 | $75,301+ |
| 6 | $0 | $43,150 | $43,151 | $53,938 | $53,939 | $64,725 | $64,726 | $75,513 | $75,514 | $86,300 | $86,301+ |
| 7 | $0 | $48,650 | $48,651 | $60,813 | $60,814 | $72,975 | $72,976 | $85,138 | $85,139 | $97,300 | $97,301+ |
| 8 | $0 | $54,150 | $54,151 | $67,688 | $67,689 | $81,225 | $81,226 | $94,763 | $94,764 | $108,300 | $108,301+ |

2025 poverty guidelines for the 48 contiguous U.S. and the District of Columbia For families/households with 8+ persons, add $5,500 for each additional person.

PM System Updated: ☐ YES ☐ NO

Expiration Date: _____

_____ _____

Staff Signature Date