**Sliding Fee Scale:**

**Northern Michigan Regional Entity**

**FY 2025 Income Eligibility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Minimum Family Size** | **Maximum Family Size** | **Minimum Income** | **Maximum Income** |
| 1 | 1 | $0 | $30,120.00 |
| 1 | 2 | $0 | $40,880.00 |
| 1 | 3 | $0 | $51,640.00 |
| 1 | 4 | $0 | $62,400.00 |
| 1 | 5 | $0 | $73,160.00 |
| 1 | 6 | $0 | $83,920.00 |
| 1 | 7 | $0 | $94,680.00 |
| 1 | 8\* | $0 | $105,440.00 |

 \*For each additional family member, add $10,760.00

Sliding fee scale based upon 2024 poverty guidelines Effective: 1/17/2024

Services are subject to applicable co-payment benefit limitations for Community Block Grant funding and other contractual requirements. Medicaid, Healthy Michigan and MIChild funding are not subject to co-payment benefit limitations and may not include any form of client payment.