

**West Michigan Community Mental Health
Sliding Fee Scale
For Mild-to-Moderate Mental Health & Primary Care Assessment & Screening
Based on 2019 Federal Poverty Guidelines (Gross Income)**

Sliding Fee Category Code	A		B		C	
Client Responsibility Per Health Center Visit	\$0		\$10		100% OF CHARGES	
% of Poverty	0 - 133%		134 - 200%		200+%	
Family Size/Income	Above	Below	Above	Below	Above	
1	\$0	\$ 16,612	\$ 16,613	\$ 24,980	\$ 24,981	not eligible
2	\$0	\$ 22,490	\$ 22,491	\$ 33,820	\$ 33,821	not eligible
3	\$0	\$ 28,369	\$ 28,370	\$ 42,660	\$ 42,661	not eligible
4	\$0	\$ 32,248	\$ 32,249	\$ 51,500	\$ 51,501	not eligible
5	\$0	\$ 40,126	\$ 40,127	\$ 60,340	\$ 60,341	not eligible
6	\$0	\$ 46,005	\$ 46,006	\$ 69,180	\$ 69,181	not eligible
7	\$0	\$ 51,883	\$ 51,884	\$ 78,020	\$ 78,021	not eligible
8	\$0	\$ 57,762	\$ 57,763	\$ 86,860	\$ 86,861	not eligible

Add \$4,420 for each additional person over 8

Note: This scale is based on Gross Income & family size. Therefore, W2's, or a month of pay stubs are required.