

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,687	\$1,856	\$2,024	\$2,193	\$2,362	\$2,531	\$2,699	\$2,868	\$3,037
2	\$2,283	\$2,512	\$2,740	\$2,968	\$3,197	\$3,425	\$3,653	\$3,882	\$4,110
3	\$2,880	\$3,168	\$3,455	\$3,743	\$4,031	\$4,319	\$4,607	\$4,895	\$5,183
4	\$3,476	\$3,823	\$4,171	\$4,519	\$4,866	\$5,214	\$5,561	\$5,909	\$6,257
5	\$4,072	\$4,479	\$4,887	\$5,294	\$5,701	\$6,108	\$6,515	\$6,923	\$7,330
6	\$4,668	\$5,135	\$5,602	\$6,069	\$6,536	\$7,003	\$7,469	\$7,936	\$8,403
7	\$5,265	\$5,791	\$6,318	\$6,844	\$7,370	\$7,897	\$8,423	\$8,950	\$9,476
8	\$5,861	\$6,447	\$7,033	\$7,619	\$8,205	\$8,791	\$9,377	\$9,964	\$10,550
9	\$6,457	\$7,103	\$7,749	\$8,394	\$9,040	\$9,686	\$10,331	\$10,977	\$11,623
10	\$7,053	\$7,759	\$8,464	\$9,169	\$9,875	\$10,580	\$11,285	\$11,991	\$12,696
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,205	\$3,374	\$3,543	\$3,711	\$3,880	\$4,049	\$4,218	\$4,218
2	\$4,338	\$4,567	\$4,795	\$5,023	\$5,252	\$5,480	\$5,708	\$5,708
3	\$5,471	\$5,759	\$6,047	\$6,335	\$6,623	\$6,911	\$7,199	\$7,199
4	\$6,604	\$6,952	\$7,299	\$7,647	\$7,994	\$8,342	\$8,690	\$8,690
5	\$7,737	\$8,144	\$8,551	\$8,959	\$9,366	\$9,773	\$10,180	\$10,180
6	\$8,870	\$9,337	\$9,804	\$10,270	\$10,737	\$11,204	\$11,671	\$11,671
7	\$10,003	\$10,529	\$11,056	\$11,582	\$12,109	\$12,635	\$13,162	\$13,162
8	\$11,136	\$11,722	\$12,308	\$12,894	\$13,480	\$14,066	\$14,652	\$14,652
9	\$12,269	\$12,914	\$13,560	\$14,206	\$14,851	\$15,497	\$16,143	\$16,143
10	\$13,402	\$14,107	\$14,812	\$15,518	\$16,223	\$16,928	\$17,634	\$17,634
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,756	\$1,931	\$2,107	\$2,282	\$2,458	\$2,634	\$2,809	\$2,985	\$3,160
2	\$2,376	\$2,614	\$2,851	\$3,089	\$3,327	\$3,564	\$3,802	\$4,040	\$4,277
3	\$2,997	\$3,296	\$3,596	\$3,896	\$4,195	\$4,495	\$4,795	\$5,094	\$5,394
4	\$3,617	\$3,979	\$4,341	\$4,702	\$5,064	\$5,426	\$5,788	\$6,149	\$6,511
5	\$4,238	\$4,662	\$5,085	\$5,509	\$5,933	\$6,357	\$6,781	\$7,204	\$7,628
6	\$4,858	\$5,344	\$5,830	\$6,316	\$6,802	\$7,288	\$7,773	\$8,259	\$8,745
7	\$5,479	\$6,027	\$6,575	\$7,123	\$7,670	\$8,218	\$8,766	\$9,314	\$9,862
8	\$6,099	\$6,709	\$7,319	\$7,929	\$8,539	\$9,149	\$9,759	\$10,369	\$10,979
9	\$6,720	\$7,392	\$8,064	\$8,736	\$9,408	\$10,080	\$10,752	\$11,424	\$12,096
10	\$7,340	\$8,075	\$8,809	\$9,543	\$10,277	\$11,011	\$11,745	\$12,479	\$13,213
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,336	\$3,511	\$3,687	\$3,863	\$4,038	\$4,214	\$4,389	\$4,389
2	\$4,515	\$4,752	\$4,990	\$5,228	\$5,465	\$5,703	\$5,941	\$5,941
3	\$5,694	\$5,994	\$6,293	\$6,593	\$6,893	\$7,192	\$7,492	\$7,492
4	\$6,873	\$7,235	\$7,596	\$7,958	\$8,320	\$8,682	\$9,043	\$9,043
5	\$8,052	\$8,476	\$8,899	\$9,323	\$9,747	\$10,171	\$10,595	\$10,595
6	\$9,231	\$9,717	\$10,203	\$10,688	\$11,174	\$11,660	\$12,146	\$12,146
7	\$10,410	\$10,958	\$11,506	\$12,054	\$12,601	\$13,149	\$13,697	\$13,697
8	\$11,589	\$12,199	\$12,809	\$13,419	\$14,029	\$14,639	\$15,249	\$15,249
9	\$12,768	\$13,440	\$14,112	\$14,784	\$15,456	\$16,128	\$16,800	\$16,800
10	\$13,947	\$14,681	\$15,415	\$16,149	\$16,883	\$17,617	\$18,351	\$18,351
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,648	\$1,813	\$1,977	\$2,142	\$2,307	\$2,472	\$2,636	\$2,801	\$2,966
2	\$2,230	\$2,453	\$2,676	\$2,899	\$3,122	\$3,345	\$3,568	\$3,791	\$4,014
3	\$2,813	\$3,094	\$3,375	\$3,656	\$3,938	\$4,219	\$4,500	\$4,781	\$5,063
4	\$3,395	\$3,735	\$4,074	\$4,414	\$4,753	\$5,093	\$5,432	\$5,772	\$6,111
5	\$3,977	\$4,375	\$4,773	\$5,171	\$5,568	\$5,966	\$6,364	\$6,762	\$7,159
6	\$4,560	\$5,016	\$5,472	\$5,928	\$6,384	\$6,840	\$7,296	\$7,752	\$8,208
7	\$5,142	\$5,656	\$6,171	\$6,685	\$7,199	\$7,713	\$8,228	\$8,742	\$9,256
8	\$5,725	\$6,297	\$6,870	\$7,442	\$8,014	\$8,587	\$9,159	\$9,732	\$10,304
9	\$6,307	\$6,938	\$7,568	\$8,199	\$8,830	\$9,461	\$10,091	\$10,722	\$11,353
10	\$6,889	\$7,578	\$8,267	\$8,956	\$9,645	\$10,334	\$11,023	\$11,712	\$12,401
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,131	\$3,296	\$3,460	\$3,625	\$3,790	\$3,955	\$4,120	\$4,120
2	\$4,237	\$4,460	\$4,683	\$4,906	\$5,129	\$5,352	\$5,576	\$5,576
3	\$5,344	\$5,625	\$5,906	\$6,188	\$6,469	\$6,750	\$7,032	\$7,032
4	\$6,451	\$6,790	\$7,130	\$7,469	\$7,809	\$8,148	\$8,488	\$8,488
5	\$7,557	\$7,955	\$8,353	\$8,750	\$9,148	\$9,546	\$9,944	\$9,944
6	\$8,664	\$9,120	\$9,576	\$10,032	\$10,488	\$10,944	\$11,400	\$11,400
7	\$9,770	\$10,284	\$10,799	\$11,313	\$11,827	\$12,341	\$12,856	\$12,856
8	\$10,877	\$11,449	\$12,022	\$12,594	\$13,167	\$13,739	\$14,312	\$14,312
9	\$11,983	\$12,614	\$13,245	\$13,875	\$14,506	\$15,137	\$15,768	\$15,768
10	\$13,090	\$13,779	\$14,468	\$15,157	\$15,846	\$16,535	\$17,224	\$17,224
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,775	\$1,953	\$2,130	\$2,308	\$2,485	\$2,663	\$2,840	\$3,018	\$3,196
2	\$2,403	\$2,643	\$2,883	\$3,124	\$3,364	\$3,604	\$3,844	\$4,085	\$4,325
3	\$3,030	\$3,333	\$3,636	\$3,939	\$4,242	\$4,545	\$4,848	\$5,151	\$5,454
4	\$3,658	\$4,023	\$4,389	\$4,755	\$5,121	\$5,487	\$5,852	\$6,218	\$6,584
5	\$4,285	\$4,714	\$5,142	\$5,571	\$5,999	\$6,428	\$6,856	\$7,285	\$7,713
6	\$4,913	\$5,404	\$5,895	\$6,386	\$6,878	\$7,369	\$7,860	\$8,351	\$8,843
7	\$5,540	\$6,094	\$6,648	\$7,202	\$7,756	\$8,310	\$8,864	\$9,418	\$9,972
8	\$6,168	\$6,784	\$7,401	\$8,018	\$8,635	\$9,251	\$9,868	\$10,485	\$11,102
9	\$6,795	\$7,475	\$8,154	\$8,834	\$9,513	\$10,193	\$10,872	\$11,552	\$12,231
10	\$7,423	\$8,165	\$8,907	\$9,649	\$10,392	\$11,134	\$11,876	\$12,618	\$13,361
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,373	\$3,551	\$3,728	\$3,906	\$4,083	\$4,261	\$4,438	\$4,438
2	\$4,565	\$4,806	\$5,046	\$5,286	\$5,526	\$5,767	\$6,007	\$6,007
3	\$5,757	\$6,060	\$6,364	\$6,667	\$6,970	\$7,273	\$7,576	\$7,576
4	\$6,950	\$7,315	\$7,681	\$8,047	\$8,413	\$8,779	\$9,144	\$9,144
5	\$8,142	\$8,570	\$8,999	\$9,427	\$9,856	\$10,284	\$10,713	\$10,713
6	\$9,334	\$9,825	\$10,317	\$10,808	\$11,299	\$11,790	\$12,282	\$12,282
7	\$10,526	\$11,080	\$11,634	\$12,188	\$12,742	\$13,296	\$13,850	\$13,850
8	\$11,718	\$12,335	\$12,952	\$13,569	\$14,185	\$14,802	\$15,419	\$15,419
9	\$12,911	\$13,590	\$14,270	\$14,949	\$15,629	\$16,308	\$16,988	\$16,988
10	\$14,103	\$14,845	\$15,587	\$16,330	\$17,072	\$17,814	\$18,556	\$18,556
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$2,521	\$2,773	\$3,025	\$3,277	\$3,529	\$3,781	\$4,033	\$4,285	\$4,537
2	\$3,412	\$3,753	\$4,094	\$4,435	\$4,776	\$5,118	\$5,459	\$5,800	\$6,141
3	\$4,303	\$4,733	\$5,163	\$5,593	\$6,024	\$6,454	\$6,884	\$7,314	\$7,745
4	\$5,194	\$5,713	\$6,232	\$6,752	\$7,271	\$7,790	\$8,310	\$8,829	\$9,348
5	\$6,084	\$6,693	\$7,301	\$7,910	\$8,518	\$9,127	\$9,735	\$10,344	\$10,952
6	\$6,975	\$7,673	\$8,370	\$9,068	\$9,766	\$10,463	\$11,161	\$11,858	\$12,556
7	\$7,866	\$8,653	\$9,440	\$10,226	\$11,013	\$11,800	\$12,586	\$13,373	\$14,159
8	\$8,757	\$9,633	\$10,509	\$11,384	\$12,260	\$13,136	\$14,012	\$14,887	\$15,763
9	\$9,648	\$10,613	\$11,578	\$12,543	\$13,507	\$14,472	\$15,437	\$16,402	\$17,367
10	\$10,539	\$11,593	\$12,647	\$13,701	\$14,755	\$15,809	\$16,863	\$17,917	\$18,970
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$4,789	\$5,041	\$5,294	\$5,546	\$5,798	\$6,050	\$6,302	\$6,302
2	\$6,482	\$6,823	\$7,165	\$7,506	\$7,847	\$8,188	\$8,529	\$8,529
3	\$8,175	\$8,605	\$9,035	\$9,466	\$9,896	\$10,326	\$10,757	\$10,757
4	\$9,868	\$10,387	\$10,906	\$11,426	\$11,945	\$12,465	\$12,984	\$12,984
5	\$11,561	\$12,169	\$12,777	\$13,386	\$13,994	\$14,603	\$15,211	\$15,211
6	\$13,253	\$13,951	\$14,648	\$15,346	\$16,043	\$16,741	\$17,439	\$17,439
7	\$14,946	\$15,733	\$16,519	\$17,306	\$18,093	\$18,879	\$19,666	\$19,666
8	\$16,639	\$17,515	\$18,390	\$19,266	\$20,142	\$21,017	\$21,893	\$21,893
9	\$18,332	\$19,296	\$20,261	\$21,226	\$22,191	\$23,156	\$24,121	\$24,121
10	\$20,024	\$21,078	\$22,132	\$23,186	\$24,240	\$25,294	\$26,348	\$26,348
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,785	\$1,964	\$2,142	\$2,321	\$2,499	\$2,678	\$2,856	\$3,035	\$3,213
2	\$2,416	\$2,658	\$2,899	\$3,141	\$3,382	\$3,624	\$3,866	\$4,107	\$4,349
3	\$3,047	\$3,352	\$3,656	\$3,961	\$4,266	\$4,570	\$4,875	\$5,180	\$5,485
4	\$3,678	\$4,046	\$4,414	\$4,781	\$5,149	\$5,517	\$5,885	\$6,252	\$6,620
5	\$4,309	\$4,740	\$5,171	\$5,602	\$6,032	\$6,463	\$6,894	\$7,325	\$7,756
6	\$4,940	\$5,434	\$5,928	\$6,422	\$6,916	\$7,410	\$7,904	\$8,398	\$8,892
7	\$5,571	\$6,128	\$6,685	\$7,242	\$7,799	\$8,356	\$8,913	\$9,470	\$10,027
8	\$6,202	\$6,822	\$7,442	\$8,062	\$8,682	\$9,302	\$9,923	\$10,543	\$11,163
9	\$6,833	\$7,516	\$8,199	\$8,882	\$9,566	\$10,249	\$10,932	\$11,615	\$12,299
10	\$7,464	\$8,210	\$8,956	\$9,703	\$10,449	\$11,195	\$11,942	\$12,688	\$13,434
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,392	\$3,570	\$3,749	\$3,927	\$4,106	\$4,284	\$4,463	\$4,463
2	\$4,590	\$4,832	\$5,074	\$5,315	\$5,557	\$5,799	\$6,040	\$6,040
3	\$5,789	\$6,094	\$6,399	\$6,703	\$7,008	\$7,313	\$7,617	\$7,617
4	\$6,988	\$7,356	\$7,724	\$8,091	\$8,459	\$8,827	\$9,195	\$9,195
5	\$8,187	\$8,618	\$9,049	\$9,479	\$9,910	\$10,341	\$10,772	\$10,772
6	\$9,386	\$9,880	\$10,374	\$10,868	\$11,362	\$11,855	\$12,349	\$12,349
7	\$10,584	\$11,141	\$11,699	\$12,256	\$12,813	\$13,370	\$13,927	\$13,927
8	\$11,783	\$12,403	\$13,023	\$13,644	\$14,264	\$14,884	\$15,504	\$15,504
9	\$12,982	\$13,665	\$14,348	\$15,032	\$15,715	\$16,398	\$17,081	\$17,081
10	\$14,181	\$14,927	\$15,673	\$16,420	\$17,166	\$17,912	\$18,659	\$18,659
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,510	\$1,662	\$1,813	\$1,964	\$2,115	\$2,266	\$2,417	\$2,568	\$2,719
2	\$2,044	\$2,249	\$2,453	\$2,658	\$2,862	\$3,067	\$3,271	\$3,475	\$3,680
3	\$2,578	\$2,836	\$3,094	\$3,352	\$3,610	\$3,867	\$4,125	\$4,383	\$4,641
4	\$3,112	\$3,423	\$3,735	\$4,046	\$4,357	\$4,668	\$4,979	\$5,291	\$5,602
5	\$3,646	\$4,011	\$4,375	\$4,740	\$5,104	\$5,469	\$5,834	\$6,198	\$6,563
6	\$4,180	\$4,598	\$5,016	\$5,434	\$5,852	\$6,270	\$6,688	\$7,106	\$7,524
7	\$4,714	\$5,185	\$5,656	\$6,128	\$6,599	\$7,071	\$7,542	\$8,013	\$8,485
8	\$5,248	\$5,772	\$6,297	\$6,822	\$7,347	\$7,871	\$8,396	\$8,921	\$9,446
9	\$5,781	\$6,360	\$6,938	\$7,516	\$8,094	\$8,672	\$9,250	\$9,828	\$10,407
10	\$6,315	\$6,947	\$7,578	\$8,210	\$8,841	\$9,473	\$10,104	\$10,736	\$11,368
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,870	\$3,021	\$3,172	\$3,323	\$3,474	\$3,625	\$3,776	\$3,776
2	\$3,884	\$4,089	\$4,293	\$4,498	\$4,702	\$4,906	\$5,111	\$5,111
3	\$4,899	\$5,156	\$5,414	\$5,672	\$5,930	\$6,188	\$6,446	\$6,446
4	\$5,913	\$6,224	\$6,535	\$6,847	\$7,158	\$7,469	\$7,780	\$7,780
5	\$6,927	\$7,292	\$7,656	\$8,021	\$8,386	\$8,750	\$9,115	\$9,115
6	\$7,942	\$8,360	\$8,778	\$9,196	\$9,614	\$10,032	\$10,450	\$10,450
7	\$8,956	\$9,427	\$9,899	\$10,370	\$10,841	\$11,313	\$11,784	\$11,784
8	\$9,970	\$10,495	\$11,020	\$11,545	\$12,069	\$12,594	\$13,119	\$13,119
9	\$10,985	\$11,563	\$12,141	\$12,719	\$13,297	\$13,875	\$14,454	\$14,454
10	\$11,999	\$12,631	\$13,262	\$13,894	\$14,525	\$15,157	\$15,788	\$15,788
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,550	\$1,705	\$1,860	\$2,015	\$2,170	\$2,325	\$2,480	\$2,635	\$2,789
2	\$2,097	\$2,307	\$2,517	\$2,727	\$2,936	\$3,146	\$3,356	\$3,566	\$3,775
3	\$2,645	\$2,910	\$3,174	\$3,439	\$3,703	\$3,968	\$4,232	\$4,497	\$4,761
4	\$3,193	\$3,512	\$3,832	\$4,151	\$4,470	\$4,789	\$5,109	\$5,428	\$5,747
5	\$3,741	\$4,115	\$4,489	\$4,863	\$5,237	\$5,611	\$5,985	\$6,359	\$6,733
6	\$4,288	\$4,717	\$5,146	\$5,575	\$6,004	\$6,433	\$6,861	\$7,290	\$7,719
7	\$4,836	\$5,320	\$5,803	\$6,287	\$6,771	\$7,254	\$7,738	\$8,221	\$8,705
8	\$5,384	\$5,922	\$6,461	\$6,999	\$7,537	\$8,076	\$8,614	\$9,153	\$9,691
9	\$5,932	\$6,525	\$7,118	\$7,711	\$8,304	\$8,897	\$9,491	\$10,084	\$10,677
10	\$6,479	\$7,127	\$7,775	\$8,423	\$9,071	\$9,719	\$10,367	\$11,015	\$11,663
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,944	\$3,099	\$3,254	\$3,409	\$3,564	\$3,719	\$3,874	\$3,874
2	\$3,985	\$4,195	\$4,405	\$4,614	\$4,824	\$5,034	\$5,244	\$5,244
3	\$5,026	\$5,290	\$5,555	\$5,819	\$6,084	\$6,348	\$6,613	\$6,613
4	\$6,067	\$6,386	\$6,705	\$7,024	\$7,344	\$7,663	\$7,982	\$7,982
5	\$7,107	\$7,481	\$7,855	\$8,229	\$8,603	\$8,978	\$9,352	\$9,352
6	\$8,148	\$8,577	\$9,006	\$9,434	\$9,863	\$10,292	\$10,721	\$10,721
7	\$9,189	\$9,672	\$10,156	\$10,639	\$11,123	\$11,607	\$12,090	\$12,090
8	\$10,229	\$10,768	\$11,306	\$11,844	\$12,383	\$12,921	\$13,460	\$13,460
9	\$11,270	\$11,863	\$12,456	\$13,049	\$13,643	\$14,236	\$14,829	\$14,829
10	\$12,311	\$12,959	\$13,607	\$14,254	\$14,902	\$15,550	\$16,198	\$16,198
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,648	\$1,813	\$1,977	\$2,142	\$2,307	\$2,472	\$2,636	\$2,801	\$2,966
2	\$2,230	\$2,453	\$2,676	\$2,899	\$3,122	\$3,345	\$3,568	\$3,791	\$4,014
3	\$2,813	\$3,094	\$3,375	\$3,656	\$3,938	\$4,219	\$4,500	\$4,781	\$5,063
4	\$3,395	\$3,735	\$4,074	\$4,414	\$4,753	\$5,093	\$5,432	\$5,772	\$6,111
5	\$3,977	\$4,375	\$4,773	\$5,171	\$5,568	\$5,966	\$6,364	\$6,762	\$7,159
6	\$4,560	\$5,016	\$5,472	\$5,928	\$6,384	\$6,840	\$7,296	\$7,752	\$8,208
7	\$5,142	\$5,656	\$6,171	\$6,685	\$7,199	\$7,713	\$8,228	\$8,742	\$9,256
8	\$5,725	\$6,297	\$6,870	\$7,442	\$8,014	\$8,587	\$9,159	\$9,732	\$10,304
9	\$6,307	\$6,938	\$7,568	\$8,199	\$8,830	\$9,461	\$10,091	\$10,722	\$11,353
10	\$6,889	\$7,578	\$8,267	\$8,956	\$9,645	\$10,334	\$11,023	\$11,712	\$12,401
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,131	\$3,296	\$3,460	\$3,625	\$3,790	\$3,955	\$4,120	\$4,120
2	\$4,237	\$4,460	\$4,683	\$4,906	\$5,129	\$5,352	\$5,576	\$5,576
3	\$5,344	\$5,625	\$5,906	\$6,188	\$6,469	\$6,750	\$7,032	\$7,032
4	\$6,451	\$6,790	\$7,130	\$7,469	\$7,809	\$8,148	\$8,488	\$8,488
5	\$7,557	\$7,955	\$8,353	\$8,750	\$9,148	\$9,546	\$9,944	\$9,944
6	\$8,664	\$9,120	\$9,576	\$10,032	\$10,488	\$10,944	\$11,400	\$11,400
7	\$9,770	\$10,284	\$10,799	\$11,313	\$11,827	\$12,341	\$12,856	\$12,856
8	\$10,877	\$11,449	\$12,022	\$12,594	\$13,167	\$13,739	\$14,312	\$14,312
9	\$11,983	\$12,614	\$13,245	\$13,875	\$14,506	\$15,137	\$15,768	\$15,768
10	\$13,090	\$13,779	\$14,468	\$15,157	\$15,846	\$16,535	\$17,224	\$17,224
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,893	\$2,082	\$2,272	\$2,461	\$2,650	\$2,840	\$3,029	\$3,218	\$3,407
2	\$2,562	\$2,818	\$3,074	\$3,331	\$3,587	\$3,843	\$4,099	\$4,356	\$4,612
3	\$3,231	\$3,554	\$3,877	\$4,200	\$4,524	\$4,847	\$5,170	\$5,493	\$5,816
4	\$3,900	\$4,290	\$4,680	\$5,070	\$5,460	\$5,850	\$6,240	\$6,630	\$7,020
5	\$4,569	\$5,026	\$5,483	\$5,940	\$6,397	\$6,854	\$7,311	\$7,768	\$8,225
6	\$5,238	\$5,762	\$6,286	\$6,810	\$7,334	\$7,858	\$8,381	\$8,905	\$9,429
7	\$5,907	\$6,498	\$7,089	\$7,680	\$8,270	\$8,861	\$9,452	\$10,043	\$10,633
8	\$6,576	\$7,234	\$7,892	\$8,549	\$9,207	\$9,865	\$10,522	\$11,180	\$11,838
9	\$7,246	\$7,970	\$8,695	\$9,419	\$10,144	\$10,868	\$11,593	\$12,317	\$13,042
10	\$7,915	\$8,706	\$9,498	\$10,289	\$11,080	\$11,872	\$12,663	\$13,455	\$14,246
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,597	\$3,786	\$3,975	\$4,165	\$4,354	\$4,543	\$4,733	\$4,733
2	\$4,868	\$5,124	\$5,380	\$5,637	\$5,893	\$6,149	\$6,405	\$6,405
3	\$6,139	\$6,462	\$6,785	\$7,109	\$7,432	\$7,755	\$8,078	\$8,078
4	\$7,410	\$7,800	\$8,190	\$8,580	\$8,970	\$9,361	\$9,751	\$9,751
5	\$8,682	\$9,139	\$9,595	\$10,052	\$10,509	\$10,966	\$11,423	\$11,423
6	\$9,953	\$10,477	\$11,001	\$11,524	\$12,048	\$12,572	\$13,096	\$13,096
7	\$11,224	\$11,815	\$12,406	\$12,996	\$13,587	\$14,178	\$14,769	\$14,769
8	\$12,495	\$13,153	\$13,811	\$14,468	\$15,126	\$15,784	\$16,441	\$16,441
9	\$13,767	\$14,491	\$15,216	\$15,940	\$16,665	\$17,389	\$18,114	\$18,114
10	\$15,038	\$15,829	\$16,621	\$17,412	\$18,204	\$18,995	\$19,787	\$19,787
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$2,550	\$2,805	\$3,060	\$3,315	\$3,570	\$3,825	\$4,080	\$4,335	\$4,590
2	\$3,452	\$3,797	\$4,142	\$4,487	\$4,832	\$5,177	\$5,522	\$5,868	\$6,213
3	\$4,353	\$4,788	\$5,223	\$5,659	\$6,094	\$6,529	\$6,965	\$7,400	\$7,835
4	\$5,254	\$5,780	\$6,305	\$6,830	\$7,356	\$7,881	\$8,407	\$8,932	\$9,458
5	\$6,156	\$6,771	\$7,387	\$8,002	\$8,618	\$9,233	\$9,849	\$10,464	\$11,080
6	\$7,057	\$7,763	\$8,468	\$9,174	\$9,880	\$10,585	\$11,291	\$11,997	\$12,702
7	\$7,958	\$8,754	\$9,550	\$10,346	\$11,141	\$11,937	\$12,733	\$13,529	\$14,325
8	\$8,860	\$9,745	\$10,631	\$11,517	\$12,403	\$13,289	\$14,175	\$15,061	\$15,947
9	\$9,761	\$10,737	\$11,713	\$12,689	\$13,665	\$14,641	\$15,617	\$16,593	\$17,570
10	\$10,662	\$11,728	\$12,795	\$13,861	\$14,927	\$15,993	\$17,059	\$18,126	\$19,192
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$4,845	\$5,100	\$5,355	\$5,610	\$5,865	\$6,120	\$6,375	\$6,375
2	\$6,558	\$6,903	\$7,248	\$7,593	\$7,938	\$8,284	\$8,629	\$8,629
3	\$8,270	\$8,706	\$9,141	\$9,576	\$10,012	\$10,447	\$10,882	\$10,882
4	\$9,983	\$10,508	\$11,034	\$11,559	\$12,085	\$12,610	\$13,135	\$13,135
5	\$11,695	\$12,311	\$12,927	\$13,542	\$14,158	\$14,773	\$15,389	\$15,389
6	\$13,408	\$14,114	\$14,819	\$15,525	\$16,231	\$16,936	\$17,642	\$17,642
7	\$15,121	\$15,916	\$16,712	\$17,508	\$18,304	\$19,100	\$19,895	\$19,895
8	\$16,833	\$17,719	\$18,605	\$19,491	\$20,377	\$21,263	\$22,149	\$22,149
9	\$18,546	\$19,522	\$20,498	\$21,474	\$22,450	\$23,426	\$24,402	\$24,402
10	\$20,258	\$21,324	\$22,391	\$23,457	\$24,523	\$25,589	\$26,655	\$26,655
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,520	\$1,672	\$1,824	\$1,976	\$2,128	\$2,280	\$2,432	\$2,584	\$2,737
2	\$2,058	\$2,263	\$2,469	\$2,675	\$2,881	\$3,086	\$3,292	\$3,498	\$3,704
3	\$2,595	\$2,854	\$3,114	\$3,373	\$3,633	\$3,892	\$4,152	\$4,411	\$4,671
4	\$3,132	\$3,446	\$3,759	\$4,072	\$4,385	\$4,698	\$5,012	\$5,325	\$5,638
5	\$3,670	\$4,037	\$4,404	\$4,771	\$5,137	\$5,504	\$5,871	\$6,238	\$6,605
6	\$4,207	\$4,628	\$5,048	\$5,469	\$5,890	\$6,310	\$6,731	\$7,152	\$7,573
7	\$4,744	\$5,219	\$5,693	\$6,168	\$6,642	\$7,116	\$7,591	\$8,065	\$8,540
8	\$5,282	\$5,810	\$6,338	\$6,866	\$7,394	\$7,922	\$8,451	\$8,979	\$9,507
9	\$5,819	\$6,401	\$6,983	\$7,565	\$8,147	\$8,728	\$9,310	\$9,892	\$10,474
10	\$6,356	\$6,992	\$7,628	\$8,263	\$8,899	\$9,534	\$10,170	\$10,806	\$11,441
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,889	\$3,041	\$3,193	\$3,345	\$3,497	\$3,649	\$3,801	\$3,801
2	\$3,909	\$4,115	\$4,321	\$4,527	\$4,733	\$4,938	\$5,144	\$5,144
3	\$4,930	\$5,190	\$5,449	\$5,709	\$5,968	\$6,228	\$6,487	\$6,487
4	\$5,951	\$6,265	\$6,578	\$6,891	\$7,204	\$7,518	\$7,831	\$7,831
5	\$6,972	\$7,339	\$7,706	\$8,073	\$8,440	\$8,807	\$9,174	\$9,174
6	\$7,993	\$8,414	\$8,835	\$9,255	\$9,676	\$10,097	\$10,517	\$10,517
7	\$9,014	\$9,489	\$9,963	\$10,437	\$10,912	\$11,386	\$11,861	\$11,861
8	\$10,035	\$10,563	\$11,091	\$11,620	\$12,148	\$12,676	\$13,204	\$13,204
9	\$11,056	\$11,638	\$12,220	\$12,802	\$13,384	\$13,966	\$14,547	\$14,547
10	\$12,077	\$12,713	\$13,348	\$13,984	\$14,619	\$15,255	\$15,891	\$15,891
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income								
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,579	\$1,737	\$1,895	\$2,053	\$2,211	\$2,369	\$2,527	\$2,685	\$2,842
2	\$2,137	\$2,351	\$2,565	\$2,778	\$2,992	\$3,206	\$3,420	\$3,633	\$3,847
3	\$2,695	\$2,965	\$3,234	\$3,504	\$3,774	\$4,043	\$4,313	\$4,582	\$4,852
4	\$3,254	\$3,579	\$3,904	\$4,230	\$4,555	\$4,880	\$5,206	\$5,531	\$5,856
5	\$3,812	\$4,193	\$4,574	\$4,955	\$5,336	\$5,718	\$6,099	\$6,480	\$6,861
6	\$4,370	\$4,807	\$5,244	\$5,681	\$6,118	\$6,555	\$6,992	\$7,429	\$7,866
7	\$4,928	\$5,421	\$5,914	\$6,406	\$6,899	\$7,392	\$7,885	\$8,378	\$8,870
8	\$5,486	\$6,035	\$6,583	\$7,132	\$7,681	\$8,229	\$8,778	\$9,326	\$9,875
9	\$6,044	\$6,649	\$7,253	\$7,857	\$8,462	\$9,066	\$9,671	\$10,275	\$10,880
10	\$6,602	\$7,263	\$7,923	\$8,583	\$9,243	\$9,904	\$10,564	\$11,224	\$11,884
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income								Monthly Income Greater Than
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	
1	\$3,000	\$3,158	\$3,316	\$3,474	\$3,632	\$3,790	\$3,948	\$3,948	\$3,948
2	\$4,061	\$4,275	\$4,488	\$4,702	\$4,916	\$5,129	\$5,343	\$5,343	\$5,343
3	\$5,121	\$5,391	\$5,660	\$5,930	\$6,199	\$6,469	\$6,739	\$6,739	\$6,739
4	\$6,182	\$6,507	\$6,832	\$7,158	\$7,483	\$7,809	\$8,134	\$8,134	\$8,134
5	\$7,242	\$7,623	\$8,005	\$8,386	\$8,767	\$9,148	\$9,529	\$9,529	\$9,529
6	\$8,303	\$8,740	\$9,177	\$9,614	\$10,051	\$10,488	\$10,925	\$10,925	\$10,925
7	\$9,363	\$9,856	\$10,349	\$10,841	\$11,334	\$11,827	\$12,320	\$12,320	\$12,320
8	\$10,424	\$10,972	\$11,521	\$12,069	\$12,618	\$13,167	\$13,715	\$13,715	\$13,715
9	\$11,484	\$12,088	\$12,693	\$13,297	\$13,902	\$14,506	\$15,111	\$15,111	\$15,111
10	\$12,544	\$13,205	\$13,865	\$14,525	\$15,185	\$15,846	\$16,506	\$16,506	\$16,506
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee	

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,579	\$1,737	\$1,895	\$2,053	\$2,211	\$2,369	\$2,527	\$2,685	\$2,842
2	\$2,137	\$2,351	\$2,565	\$2,778	\$2,992	\$3,206	\$3,420	\$3,633	\$3,847
3	\$2,695	\$2,965	\$3,234	\$3,504	\$3,774	\$4,043	\$4,313	\$4,582	\$4,852
4	\$3,254	\$3,579	\$3,904	\$4,230	\$4,555	\$4,880	\$5,206	\$5,531	\$5,856
5	\$3,812	\$4,193	\$4,574	\$4,955	\$5,336	\$5,718	\$6,099	\$6,480	\$6,861
6	\$4,370	\$4,807	\$5,244	\$5,681	\$6,118	\$6,555	\$6,992	\$7,429	\$7,866
7	\$4,928	\$5,421	\$5,914	\$6,406	\$6,899	\$7,392	\$7,885	\$8,378	\$8,870
8	\$5,486	\$6,035	\$6,583	\$7,132	\$7,681	\$8,229	\$8,778	\$9,326	\$9,875
9	\$6,044	\$6,649	\$7,253	\$7,857	\$8,462	\$9,066	\$9,671	\$10,275	\$10,880
10	\$6,602	\$7,263	\$7,923	\$8,583	\$9,243	\$9,904	\$10,564	\$11,224	\$11,884
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,000	\$3,158	\$3,316	\$3,474	\$3,632	\$3,790	\$3,948	\$3,948
2	\$4,061	\$4,275	\$4,488	\$4,702	\$4,916	\$5,129	\$5,343	\$5,343
3	\$5,121	\$5,391	\$5,660	\$5,930	\$6,199	\$6,469	\$6,739	\$6,739
4	\$6,182	\$6,507	\$6,832	\$7,158	\$7,483	\$7,809	\$8,134	\$8,134
5	\$7,242	\$7,623	\$8,005	\$8,386	\$8,767	\$9,148	\$9,529	\$9,529
6	\$8,303	\$8,740	\$9,177	\$9,614	\$10,051	\$10,488	\$10,925	\$10,925
7	\$9,363	\$9,856	\$10,349	\$10,841	\$11,334	\$11,827	\$12,320	\$12,320
8	\$10,424	\$10,972	\$11,521	\$12,069	\$12,618	\$13,167	\$13,715	\$13,715
9	\$11,484	\$12,088	\$12,693	\$13,297	\$13,902	\$14,506	\$15,111	\$15,111
10	\$12,544	\$13,205	\$13,865	\$14,525	\$15,185	\$15,846	\$16,506	\$16,506
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,775	\$1,953	\$2,130	\$2,308	\$2,485	\$2,663	\$2,840	\$3,018	\$3,196
2	\$2,403	\$2,643	\$2,883	\$3,124	\$3,364	\$3,604	\$3,844	\$4,085	\$4,325
3	\$3,030	\$3,333	\$3,636	\$3,939	\$4,242	\$4,545	\$4,848	\$5,151	\$5,454
4	\$3,658	\$4,023	\$4,389	\$4,755	\$5,121	\$5,487	\$5,852	\$6,218	\$6,584
5	\$4,285	\$4,714	\$5,142	\$5,571	\$5,999	\$6,428	\$6,856	\$7,285	\$7,713
6	\$4,913	\$5,404	\$5,895	\$6,386	\$6,878	\$7,369	\$7,860	\$8,351	\$8,843
7	\$5,540	\$6,094	\$6,648	\$7,202	\$7,756	\$8,310	\$8,864	\$9,418	\$9,972
8	\$6,168	\$6,784	\$7,401	\$8,018	\$8,635	\$9,251	\$9,868	\$10,485	\$11,102
9	\$6,795	\$7,475	\$8,154	\$8,834	\$9,513	\$10,193	\$10,872	\$11,552	\$12,231
10	\$7,423	\$8,165	\$8,907	\$9,649	\$10,392	\$11,134	\$11,876	\$12,618	\$13,361
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,373	\$3,551	\$3,728	\$3,906	\$4,083	\$4,261	\$4,438	\$4,438
2	\$4,565	\$4,806	\$5,046	\$5,286	\$5,526	\$5,767	\$6,007	\$6,007
3	\$5,757	\$6,060	\$6,364	\$6,667	\$6,970	\$7,273	\$7,576	\$7,576
4	\$6,950	\$7,315	\$7,681	\$8,047	\$8,413	\$8,779	\$9,144	\$9,144
5	\$8,142	\$8,570	\$8,999	\$9,427	\$9,856	\$10,284	\$10,713	\$10,713
6	\$9,334	\$9,825	\$10,317	\$10,808	\$11,299	\$11,790	\$12,282	\$12,282
7	\$10,526	\$11,080	\$11,634	\$12,188	\$12,742	\$13,296	\$13,850	\$13,850
8	\$11,718	\$12,335	\$12,952	\$13,569	\$14,185	\$14,802	\$15,419	\$15,419
9	\$12,911	\$13,590	\$14,270	\$14,949	\$15,629	\$16,308	\$16,988	\$16,988
10	\$14,103	\$14,845	\$15,587	\$16,330	\$17,072	\$17,814	\$18,556	\$18,556
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,775	\$1,953	\$2,130	\$2,308	\$2,485	\$2,663	\$2,840	\$3,018	\$3,196
2	\$2,403	\$2,643	\$2,883	\$3,124	\$3,364	\$3,604	\$3,844	\$4,085	\$4,325
3	\$3,030	\$3,333	\$3,636	\$3,939	\$4,242	\$4,545	\$4,848	\$5,151	\$5,454
4	\$3,658	\$4,023	\$4,389	\$4,755	\$5,121	\$5,487	\$5,852	\$6,218	\$6,584
5	\$4,285	\$4,714	\$5,142	\$5,571	\$5,999	\$6,428	\$6,856	\$7,285	\$7,713
6	\$4,913	\$5,404	\$5,895	\$6,386	\$6,878	\$7,369	\$7,860	\$8,351	\$8,843
7	\$5,540	\$6,094	\$6,648	\$7,202	\$7,756	\$8,310	\$8,864	\$9,418	\$9,972
8	\$6,168	\$6,784	\$7,401	\$8,018	\$8,635	\$9,251	\$9,868	\$10,485	\$11,102
9	\$6,795	\$7,475	\$8,154	\$8,834	\$9,513	\$10,193	\$10,872	\$11,552	\$12,231
10	\$7,423	\$8,165	\$8,907	\$9,649	\$10,392	\$11,134	\$11,876	\$12,618	\$13,361
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,373	\$3,551	\$3,728	\$3,906	\$4,083	\$4,261	\$4,438	\$4,438
2	\$4,565	\$4,806	\$5,046	\$5,286	\$5,526	\$5,767	\$6,007	\$6,007
3	\$5,757	\$6,060	\$6,364	\$6,667	\$6,970	\$7,273	\$7,576	\$7,576
4	\$6,950	\$7,315	\$7,681	\$8,047	\$8,413	\$8,779	\$9,144	\$9,144
5	\$8,142	\$8,570	\$8,999	\$9,427	\$9,856	\$10,284	\$10,713	\$10,713
6	\$9,334	\$9,825	\$10,317	\$10,808	\$11,299	\$11,790	\$12,282	\$12,282
7	\$10,526	\$11,080	\$11,634	\$12,188	\$12,742	\$13,296	\$13,850	\$13,850
8	\$11,718	\$12,335	\$12,952	\$13,569	\$14,185	\$14,802	\$15,419	\$15,419
9	\$12,911	\$13,590	\$14,270	\$14,949	\$15,629	\$16,308	\$16,988	\$16,988
10	\$14,103	\$14,845	\$15,587	\$16,330	\$17,072	\$17,814	\$18,556	\$18,556
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$2,285	\$2,514	\$2,742	\$2,971	\$3,199	\$3,428	\$3,657	\$3,885	\$4,114
2	\$3,093	\$3,402	\$3,712	\$4,021	\$4,330	\$4,640	\$4,949	\$5,258	\$5,568
3	\$3,901	\$4,291	\$4,681	\$5,071	\$5,461	\$5,851	\$6,241	\$6,631	\$7,021
4	\$4,709	\$5,179	\$5,650	\$6,121	\$6,592	\$7,063	\$7,534	\$8,005	\$8,475
5	\$5,516	\$6,068	\$6,620	\$7,171	\$7,723	\$8,274	\$8,826	\$9,378	\$9,929
6	\$6,324	\$6,956	\$7,589	\$8,221	\$8,854	\$9,486	\$10,118	\$10,751	\$11,383
7	\$7,132	\$7,845	\$8,558	\$9,271	\$9,984	\$10,698	\$11,411	\$12,124	\$12,837
8	\$7,939	\$8,733	\$9,527	\$10,321	\$11,115	\$11,909	\$12,703	\$13,497	\$14,291
9	\$8,747	\$9,622	\$10,497	\$11,371	\$12,246	\$13,121	\$13,996	\$14,870	\$15,745
10	\$9,555	\$10,510	\$11,466	\$12,421	\$13,377	\$14,332	\$15,288	\$16,243	\$17,199
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$4,342	\$4,571	\$4,799	\$5,028	\$5,256	\$5,485	\$5,713	\$5,713
2	\$5,877	\$6,186	\$6,495	\$6,805	\$7,114	\$7,423	\$7,733	\$7,733
3	\$7,412	\$7,802	\$8,192	\$8,582	\$8,972	\$9,362	\$9,752	\$9,752
4	\$8,946	\$9,417	\$9,888	\$10,359	\$10,830	\$11,301	\$11,771	\$11,771
5	\$10,481	\$11,033	\$11,584	\$12,136	\$12,687	\$13,239	\$13,791	\$13,791
6	\$12,016	\$12,648	\$13,280	\$13,913	\$14,545	\$15,178	\$15,810	\$15,810
7	\$13,550	\$14,263	\$14,977	\$15,690	\$16,403	\$17,116	\$17,829	\$17,829
8	\$15,085	\$15,879	\$16,673	\$17,467	\$18,261	\$19,055	\$19,849	\$19,849
9	\$16,620	\$17,494	\$18,369	\$19,244	\$20,119	\$20,993	\$21,868	\$21,868
10	\$18,154	\$19,110	\$20,065	\$21,021	\$21,976	\$22,932	\$23,887	\$23,887
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,550	\$1,705	\$1,860	\$2,015	\$2,170	\$2,325	\$2,480	\$2,635	\$2,789
2	\$2,097	\$2,307	\$2,517	\$2,727	\$2,936	\$3,146	\$3,356	\$3,566	\$3,775
3	\$2,645	\$2,910	\$3,174	\$3,439	\$3,703	\$3,968	\$4,232	\$4,497	\$4,761
4	\$3,193	\$3,512	\$3,832	\$4,151	\$4,470	\$4,789	\$5,109	\$5,428	\$5,747
5	\$3,741	\$4,115	\$4,489	\$4,863	\$5,237	\$5,611	\$5,985	\$6,359	\$6,733
6	\$4,288	\$4,717	\$5,146	\$5,575	\$6,004	\$6,433	\$6,861	\$7,290	\$7,719
7	\$4,836	\$5,320	\$5,803	\$6,287	\$6,771	\$7,254	\$7,738	\$8,221	\$8,705
8	\$5,384	\$5,922	\$6,461	\$6,999	\$7,537	\$8,076	\$8,614	\$9,153	\$9,691
9	\$5,932	\$6,525	\$7,118	\$7,711	\$8,304	\$8,897	\$9,491	\$10,084	\$10,677
10	\$6,479	\$7,127	\$7,775	\$8,423	\$9,071	\$9,719	\$10,367	\$11,015	\$11,663
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,944	\$3,099	\$3,254	\$3,409	\$3,564	\$3,719	\$3,874	\$3,874
2	\$3,985	\$4,195	\$4,405	\$4,614	\$4,824	\$5,034	\$5,244	\$5,244
3	\$5,026	\$5,290	\$5,555	\$5,819	\$6,084	\$6,348	\$6,613	\$6,613
4	\$6,067	\$6,386	\$6,705	\$7,024	\$7,344	\$7,663	\$7,982	\$7,982
5	\$7,107	\$7,481	\$7,855	\$8,229	\$8,603	\$8,978	\$9,352	\$9,352
6	\$8,148	\$8,577	\$9,006	\$9,434	\$9,863	\$10,292	\$10,721	\$10,721
7	\$9,189	\$9,672	\$10,156	\$10,639	\$11,123	\$11,607	\$12,090	\$12,090
8	\$10,229	\$10,768	\$11,306	\$11,844	\$12,383	\$12,921	\$13,460	\$13,460
9	\$11,270	\$11,863	\$12,456	\$13,049	\$13,643	\$14,236	\$14,829	\$14,829
10	\$12,311	\$12,959	\$13,607	\$14,254	\$14,902	\$15,550	\$16,198	\$16,198
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,520	\$1,672	\$1,824	\$1,976	\$2,128	\$2,280	\$2,432	\$2,584	\$2,737
2	\$2,058	\$2,263	\$2,469	\$2,675	\$2,881	\$3,086	\$3,292	\$3,498	\$3,704
3	\$2,595	\$2,854	\$3,114	\$3,373	\$3,633	\$3,892	\$4,152	\$4,411	\$4,671
4	\$3,132	\$3,446	\$3,759	\$4,072	\$4,385	\$4,698	\$5,012	\$5,325	\$5,638
5	\$3,670	\$4,037	\$4,404	\$4,771	\$5,137	\$5,504	\$5,871	\$6,238	\$6,605
6	\$4,207	\$4,628	\$5,048	\$5,469	\$5,890	\$6,310	\$6,731	\$7,152	\$7,573
7	\$4,744	\$5,219	\$5,693	\$6,168	\$6,642	\$7,116	\$7,591	\$8,065	\$8,540
8	\$5,282	\$5,810	\$6,338	\$6,866	\$7,394	\$7,922	\$8,451	\$8,979	\$9,507
9	\$5,819	\$6,401	\$6,983	\$7,565	\$8,147	\$8,728	\$9,310	\$9,892	\$10,474
10	\$6,356	\$6,992	\$7,628	\$8,263	\$8,899	\$9,534	\$10,170	\$10,806	\$11,441
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,889	\$3,041	\$3,193	\$3,345	\$3,497	\$3,649	\$3,801	\$3,801
2	\$3,909	\$4,115	\$4,321	\$4,527	\$4,733	\$4,938	\$5,144	\$5,144
3	\$4,930	\$5,190	\$5,449	\$5,709	\$5,968	\$6,228	\$6,487	\$6,487
4	\$5,951	\$6,265	\$6,578	\$6,891	\$7,204	\$7,518	\$7,831	\$7,831
5	\$6,972	\$7,339	\$7,706	\$8,073	\$8,440	\$8,807	\$9,174	\$9,174
6	\$7,993	\$8,414	\$8,835	\$9,255	\$9,676	\$10,097	\$10,517	\$10,517
7	\$9,014	\$9,489	\$9,963	\$10,437	\$10,912	\$11,386	\$11,861	\$11,861
8	\$10,035	\$10,563	\$11,091	\$11,620	\$12,148	\$12,676	\$13,204	\$13,204
9	\$11,056	\$11,638	\$12,220	\$12,802	\$13,384	\$13,966	\$14,547	\$14,547
10	\$12,077	\$12,713	\$13,348	\$13,984	\$14,619	\$15,255	\$15,891	\$15,891
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,579	\$1,737	\$1,895	\$2,053	\$2,211	\$2,369	\$2,527	\$2,685	\$2,842
2	\$2,137	\$2,351	\$2,565	\$2,778	\$2,992	\$3,206	\$3,420	\$3,633	\$3,847
3	\$2,695	\$2,965	\$3,234	\$3,504	\$3,774	\$4,043	\$4,313	\$4,582	\$4,852
4	\$3,254	\$3,579	\$3,904	\$4,230	\$4,555	\$4,880	\$5,206	\$5,531	\$5,856
5	\$3,812	\$4,193	\$4,574	\$4,955	\$5,336	\$5,718	\$6,099	\$6,480	\$6,861
6	\$4,370	\$4,807	\$5,244	\$5,681	\$6,118	\$6,555	\$6,992	\$7,429	\$7,866
7	\$4,928	\$5,421	\$5,914	\$6,406	\$6,899	\$7,392	\$7,885	\$8,378	\$8,870
8	\$5,486	\$6,035	\$6,583	\$7,132	\$7,681	\$8,229	\$8,778	\$9,326	\$9,875
9	\$6,044	\$6,649	\$7,253	\$7,857	\$8,462	\$9,066	\$9,671	\$10,275	\$10,880
10	\$6,602	\$7,263	\$7,923	\$8,583	\$9,243	\$9,904	\$10,564	\$11,224	\$11,884
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,000	\$3,158	\$3,316	\$3,474	\$3,632	\$3,790	\$3,948	\$3,948
2	\$4,061	\$4,275	\$4,488	\$4,702	\$4,916	\$5,129	\$5,343	\$5,343
3	\$5,121	\$5,391	\$5,660	\$5,930	\$6,199	\$6,469	\$6,739	\$6,739
4	\$6,182	\$6,507	\$6,832	\$7,158	\$7,483	\$7,809	\$8,134	\$8,134
5	\$7,242	\$7,623	\$8,005	\$8,386	\$8,767	\$9,148	\$9,529	\$9,529
6	\$8,303	\$8,740	\$9,177	\$9,614	\$10,051	\$10,488	\$10,925	\$10,925
7	\$9,363	\$9,856	\$10,349	\$10,841	\$11,334	\$11,827	\$12,320	\$12,320
8	\$10,424	\$10,972	\$11,521	\$12,069	\$12,618	\$13,167	\$13,715	\$13,715
9	\$11,484	\$12,088	\$12,693	\$13,297	\$13,902	\$14,506	\$15,111	\$15,111
10	\$12,544	\$13,205	\$13,865	\$14,525	\$15,185	\$15,846	\$16,506	\$16,506
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,530	\$1,683	\$1,836	\$1,989	\$2,142	\$2,295	\$2,448	\$2,601	\$2,754
2	\$2,071	\$2,278	\$2,485	\$2,692	\$2,899	\$3,106	\$3,313	\$3,521	\$3,728
3	\$2,612	\$2,873	\$3,134	\$3,395	\$3,656	\$3,918	\$4,179	\$4,440	\$4,701
4	\$3,153	\$3,468	\$3,783	\$4,098	\$4,414	\$4,729	\$5,044	\$5,359	\$5,675
5	\$3,693	\$4,063	\$4,432	\$4,801	\$5,171	\$5,540	\$5,909	\$6,279	\$6,648
6	\$4,234	\$4,658	\$5,081	\$5,504	\$5,928	\$6,351	\$6,775	\$7,198	\$7,621
7	\$4,775	\$5,252	\$5,730	\$6,207	\$6,685	\$7,162	\$7,640	\$8,117	\$8,595
8	\$5,316	\$5,847	\$6,379	\$6,910	\$7,442	\$7,974	\$8,505	\$9,037	\$9,568
9	\$5,857	\$6,442	\$7,028	\$7,613	\$8,199	\$8,785	\$9,370	\$9,956	\$10,542
10	\$6,397	\$7,037	\$7,677	\$8,316	\$8,956	\$9,596	\$10,236	\$10,875	\$11,515
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,907	\$3,060	\$3,213	\$3,366	\$3,519	\$3,672	\$3,825	\$3,825
2	\$3,935	\$4,142	\$4,349	\$4,556	\$4,763	\$4,970	\$5,177	\$5,177
3	\$4,962	\$5,223	\$5,485	\$5,746	\$6,007	\$6,268	\$6,529	\$6,529
4	\$5,990	\$6,305	\$6,620	\$6,936	\$7,251	\$7,566	\$7,881	\$7,881
5	\$7,017	\$7,387	\$7,756	\$8,125	\$8,495	\$8,864	\$9,233	\$9,233
6	\$8,045	\$8,468	\$8,892	\$9,315	\$9,738	\$10,162	\$10,585	\$10,585
7	\$9,072	\$9,550	\$10,027	\$10,505	\$10,982	\$11,460	\$11,937	\$11,937
8	\$10,100	\$10,631	\$11,163	\$11,695	\$12,226	\$12,758	\$13,289	\$13,289
9	\$11,127	\$11,713	\$12,299	\$12,884	\$13,470	\$14,056	\$14,641	\$14,641
10	\$12,155	\$12,795	\$13,434	\$14,074	\$14,714	\$15,354	\$15,993	\$15,993
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,501	\$1,651	\$1,801	\$1,951	\$2,101	\$2,251	\$2,401	\$2,551	\$2,701
2	\$2,031	\$2,234	\$2,437	\$2,640	\$2,844	\$3,047	\$3,250	\$3,453	\$3,656
3	\$2,561	\$2,818	\$3,074	\$3,330	\$3,586	\$3,842	\$4,098	\$4,355	\$4,611
4	\$3,092	\$3,401	\$3,710	\$4,019	\$4,329	\$4,638	\$4,947	\$5,256	\$5,565
5	\$3,622	\$3,985	\$4,347	\$4,709	\$5,071	\$5,433	\$5,796	\$6,158	\$6,520
6	\$4,153	\$4,568	\$4,983	\$5,398	\$5,814	\$6,229	\$6,644	\$7,060	\$7,475
7	\$4,683	\$5,151	\$5,620	\$6,088	\$6,556	\$7,025	\$7,493	\$7,961	\$8,430
8	\$5,213	\$5,735	\$6,256	\$6,778	\$7,299	\$7,820	\$8,342	\$8,863	\$9,384
9	\$5,744	\$6,318	\$6,893	\$7,467	\$8,041	\$8,616	\$9,190	\$9,765	\$10,339
10	\$6,274	\$6,902	\$7,529	\$8,157	\$8,784	\$9,411	\$10,039	\$10,666	\$11,294
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,851	\$3,001	\$3,151	\$3,301	\$3,452	\$3,602	\$3,752	\$3,752
2	\$3,859	\$4,062	\$4,265	\$4,468	\$4,671	\$4,875	\$5,078	\$5,078
3	\$4,867	\$5,123	\$5,379	\$5,635	\$5,891	\$6,148	\$6,404	\$6,404
4	\$5,875	\$6,184	\$6,493	\$6,802	\$7,111	\$7,421	\$7,730	\$7,730
5	\$6,882	\$7,245	\$7,607	\$7,969	\$8,331	\$8,693	\$9,056	\$9,056
6	\$7,890	\$8,305	\$8,721	\$9,136	\$9,551	\$9,966	\$10,382	\$10,382
7	\$8,898	\$9,366	\$9,834	\$10,303	\$10,771	\$11,239	\$11,708	\$11,708
8	\$9,906	\$10,427	\$10,948	\$11,470	\$11,991	\$12,512	\$13,034	\$13,034
9	\$10,913	\$11,488	\$12,062	\$12,637	\$13,211	\$13,785	\$14,360	\$14,360
10	\$11,921	\$12,549	\$13,176	\$13,803	\$14,431	\$15,058	\$15,686	\$15,686
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,520	\$1,672	\$1,824	\$1,976	\$2,128	\$2,280	\$2,432	\$2,584	\$2,737
2	\$2,058	\$2,263	\$2,469	\$2,675	\$2,881	\$3,086	\$3,292	\$3,498	\$3,704
3	\$2,595	\$2,854	\$3,114	\$3,373	\$3,633	\$3,892	\$4,152	\$4,411	\$4,671
4	\$3,132	\$3,446	\$3,759	\$4,072	\$4,385	\$4,698	\$5,012	\$5,325	\$5,638
5	\$3,670	\$4,037	\$4,404	\$4,771	\$5,137	\$5,504	\$5,871	\$6,238	\$6,605
6	\$4,207	\$4,628	\$5,048	\$5,469	\$5,890	\$6,310	\$6,731	\$7,152	\$7,573
7	\$4,744	\$5,219	\$5,693	\$6,168	\$6,642	\$7,116	\$7,591	\$8,065	\$8,540
8	\$5,282	\$5,810	\$6,338	\$6,866	\$7,394	\$7,922	\$8,451	\$8,979	\$9,507
9	\$5,819	\$6,401	\$6,983	\$7,565	\$8,147	\$8,728	\$9,310	\$9,892	\$10,474
10	\$6,356	\$6,992	\$7,628	\$8,263	\$8,899	\$9,534	\$10,170	\$10,806	\$11,441
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,889	\$3,041	\$3,193	\$3,345	\$3,497	\$3,649	\$3,801	\$3,801
2	\$3,909	\$4,115	\$4,321	\$4,527	\$4,733	\$4,938	\$5,144	\$5,144
3	\$4,930	\$5,190	\$5,449	\$5,709	\$5,968	\$6,228	\$6,487	\$6,487
4	\$5,951	\$6,265	\$6,578	\$6,891	\$7,204	\$7,518	\$7,831	\$7,831
5	\$6,972	\$7,339	\$7,706	\$8,073	\$8,440	\$8,807	\$9,174	\$9,174
6	\$7,993	\$8,414	\$8,835	\$9,255	\$9,676	\$10,097	\$10,517	\$10,517
7	\$9,014	\$9,489	\$9,963	\$10,437	\$10,912	\$11,386	\$11,861	\$11,861
8	\$10,035	\$10,563	\$11,091	\$11,620	\$12,148	\$12,676	\$13,204	\$13,204
9	\$11,056	\$11,638	\$12,220	\$12,802	\$13,384	\$13,966	\$14,547	\$14,547
10	\$12,077	\$12,713	\$13,348	\$13,984	\$14,619	\$15,255	\$15,891	\$15,891
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,501	\$1,651	\$1,801	\$1,951	\$2,101	\$2,251	\$2,401	\$2,551	\$2,701
2	\$2,031	\$2,234	\$2,437	\$2,640	\$2,844	\$3,047	\$3,250	\$3,453	\$3,656
3	\$2,561	\$2,818	\$3,074	\$3,330	\$3,586	\$3,842	\$4,098	\$4,355	\$4,611
4	\$3,092	\$3,401	\$3,710	\$4,019	\$4,329	\$4,638	\$4,947	\$5,256	\$5,565
5	\$3,622	\$3,985	\$4,347	\$4,709	\$5,071	\$5,433	\$5,796	\$6,158	\$6,520
6	\$4,153	\$4,568	\$4,983	\$5,398	\$5,814	\$6,229	\$6,644	\$7,060	\$7,475
7	\$4,683	\$5,151	\$5,620	\$6,088	\$6,556	\$7,025	\$7,493	\$7,961	\$8,430
8	\$5,213	\$5,735	\$6,256	\$6,778	\$7,299	\$7,820	\$8,342	\$8,863	\$9,384
9	\$5,744	\$6,318	\$6,893	\$7,467	\$8,041	\$8,616	\$9,190	\$9,765	\$10,339
10	\$6,274	\$6,902	\$7,529	\$8,157	\$8,784	\$9,411	\$10,039	\$10,666	\$11,294
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,851	\$3,001	\$3,151	\$3,301	\$3,452	\$3,602	\$3,752	\$3,752
2	\$3,859	\$4,062	\$4,265	\$4,468	\$4,671	\$4,875	\$5,078	\$5,078
3	\$4,867	\$5,123	\$5,379	\$5,635	\$5,891	\$6,148	\$6,404	\$6,404
4	\$5,875	\$6,184	\$6,493	\$6,802	\$7,111	\$7,421	\$7,730	\$7,730
5	\$6,882	\$7,245	\$7,607	\$7,969	\$8,331	\$8,693	\$9,056	\$9,056
6	\$7,890	\$8,305	\$8,721	\$9,136	\$9,551	\$9,966	\$10,382	\$10,382
7	\$8,898	\$9,366	\$9,834	\$10,303	\$10,771	\$11,239	\$11,708	\$11,708
8	\$9,906	\$10,427	\$10,948	\$11,470	\$11,991	\$12,512	\$13,034	\$13,034
9	\$10,913	\$11,488	\$12,062	\$12,637	\$13,211	\$13,785	\$14,360	\$14,360
10	\$11,921	\$12,549	\$13,176	\$13,803	\$14,431	\$15,058	\$15,686	\$15,686
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,677	\$1,845	\$2,013	\$2,180	\$2,348	\$2,516	\$2,684	\$2,851	\$3,019
2	\$2,270	\$2,497	\$2,724	\$2,951	\$3,178	\$3,405	\$3,632	\$3,859	\$4,086
3	\$2,863	\$3,149	\$3,435	\$3,722	\$4,008	\$4,294	\$4,581	\$4,867	\$5,153
4	\$3,456	\$3,801	\$4,147	\$4,492	\$4,838	\$5,183	\$5,529	\$5,875	\$6,220
5	\$4,048	\$4,453	\$4,858	\$5,263	\$5,668	\$6,073	\$6,477	\$6,882	\$7,287
6	\$4,641	\$5,105	\$5,569	\$6,034	\$6,498	\$6,962	\$7,426	\$7,890	\$8,354
7	\$5,234	\$5,757	\$6,281	\$6,804	\$7,328	\$7,851	\$8,374	\$8,898	\$9,421
8	\$5,827	\$6,410	\$6,992	\$7,575	\$8,158	\$8,740	\$9,323	\$9,906	\$10,488
9	\$6,420	\$7,062	\$7,704	\$8,346	\$8,987	\$9,629	\$10,271	\$10,913	\$11,555
10	\$7,012	\$7,714	\$8,415	\$9,116	\$9,817	\$10,519	\$11,220	\$11,921	\$12,622
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,187	\$3,354	\$3,522	\$3,690	\$3,858	\$4,025	\$4,193	\$4,193
2	\$4,313	\$4,540	\$4,767	\$4,994	\$5,221	\$5,448	\$5,675	\$5,675
3	\$5,439	\$5,726	\$6,012	\$6,298	\$6,584	\$6,871	\$7,157	\$7,157
4	\$6,566	\$6,911	\$7,257	\$7,602	\$7,948	\$8,294	\$8,639	\$8,639
5	\$7,692	\$8,097	\$8,502	\$8,907	\$9,311	\$9,716	\$10,121	\$10,121
6	\$8,818	\$9,282	\$9,747	\$10,211	\$10,675	\$11,139	\$11,603	\$11,603
7	\$9,945	\$10,468	\$10,991	\$11,515	\$12,038	\$12,562	\$13,085	\$13,085
8	\$11,071	\$11,654	\$12,236	\$12,819	\$13,402	\$13,984	\$14,567	\$14,567
9	\$12,197	\$12,839	\$13,481	\$14,123	\$14,765	\$15,407	\$16,049	\$16,049
10	\$13,324	\$14,025	\$14,726	\$15,427	\$16,129	\$16,830	\$17,531	\$17,531
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,736	\$1,910	\$2,083	\$2,257	\$2,431	\$2,604	\$2,778	\$2,951	\$3,125
2	\$2,350	\$2,585	\$2,820	\$3,055	\$3,290	\$3,525	\$3,759	\$3,994	\$4,229
3	\$2,963	\$3,260	\$3,556	\$3,852	\$4,149	\$4,445	\$4,741	\$5,038	\$5,334
4	\$3,577	\$3,935	\$4,292	\$4,650	\$5,008	\$5,365	\$5,723	\$6,081	\$6,438
5	\$4,190	\$4,610	\$5,029	\$5,448	\$5,867	\$6,286	\$6,705	\$7,124	\$7,543
6	\$4,804	\$5,284	\$5,765	\$6,245	\$6,726	\$7,206	\$7,687	\$8,167	\$8,647
7	\$5,418	\$5,959	\$6,501	\$7,043	\$7,585	\$8,127	\$8,668	\$9,210	\$9,752
8	\$6,031	\$6,634	\$7,238	\$7,841	\$8,444	\$9,047	\$9,650	\$10,253	\$10,856
9	\$6,645	\$7,309	\$7,974	\$8,638	\$9,303	\$9,967	\$10,632	\$11,296	\$11,961
10	\$7,258	\$7,984	\$8,710	\$9,436	\$10,162	\$10,888	\$11,614	\$12,339	\$13,065
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,299	\$3,472	\$3,646	\$3,819	\$3,993	\$4,167	\$4,340	\$4,340
2	\$4,464	\$4,699	\$4,934	\$5,169	\$5,404	\$5,639	\$5,874	\$5,874
3	\$5,630	\$5,927	\$6,223	\$6,519	\$6,816	\$7,112	\$7,408	\$7,408
4	\$6,796	\$7,154	\$7,511	\$7,869	\$8,227	\$8,585	\$8,942	\$8,942
5	\$7,962	\$8,381	\$8,800	\$9,219	\$9,638	\$10,057	\$10,476	\$10,476
6	\$9,128	\$9,608	\$10,089	\$10,569	\$11,049	\$11,530	\$12,010	\$12,010
7	\$10,294	\$10,835	\$11,377	\$11,919	\$12,461	\$13,002	\$13,544	\$13,544
8	\$11,459	\$12,063	\$12,666	\$13,269	\$13,872	\$14,475	\$15,078	\$15,078
9	\$12,625	\$13,290	\$13,954	\$14,619	\$15,283	\$15,948	\$16,612	\$16,612
10	\$13,791	\$14,517	\$15,243	\$15,969	\$16,694	\$17,420	\$18,146	\$18,146
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,648	\$1,813	\$1,977	\$2,142	\$2,307	\$2,472	\$2,636	\$2,801	\$2,966
2	\$2,230	\$2,453	\$2,676	\$2,899	\$3,122	\$3,345	\$3,568	\$3,791	\$4,014
3	\$2,813	\$3,094	\$3,375	\$3,656	\$3,938	\$4,219	\$4,500	\$4,781	\$5,063
4	\$3,395	\$3,735	\$4,074	\$4,414	\$4,753	\$5,093	\$5,432	\$5,772	\$6,111
5	\$3,977	\$4,375	\$4,773	\$5,171	\$5,568	\$5,966	\$6,364	\$6,762	\$7,159
6	\$4,560	\$5,016	\$5,472	\$5,928	\$6,384	\$6,840	\$7,296	\$7,752	\$8,208
7	\$5,142	\$5,656	\$6,171	\$6,685	\$7,199	\$7,713	\$8,228	\$8,742	\$9,256
8	\$5,725	\$6,297	\$6,870	\$7,442	\$8,014	\$8,587	\$9,159	\$9,732	\$10,304
9	\$6,307	\$6,938	\$7,568	\$8,199	\$8,830	\$9,461	\$10,091	\$10,722	\$11,353
10	\$6,889	\$7,578	\$8,267	\$8,956	\$9,645	\$10,334	\$11,023	\$11,712	\$12,401
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,131	\$3,296	\$3,460	\$3,625	\$3,790	\$3,955	\$4,120	\$4,120
2	\$4,237	\$4,460	\$4,683	\$4,906	\$5,129	\$5,352	\$5,576	\$5,576
3	\$5,344	\$5,625	\$5,906	\$6,188	\$6,469	\$6,750	\$7,032	\$7,032
4	\$6,451	\$6,790	\$7,130	\$7,469	\$7,809	\$8,148	\$8,488	\$8,488
5	\$7,557	\$7,955	\$8,353	\$8,750	\$9,148	\$9,546	\$9,944	\$9,944
6	\$8,664	\$9,120	\$9,576	\$10,032	\$10,488	\$10,944	\$11,400	\$11,400
7	\$9,770	\$10,284	\$10,799	\$11,313	\$11,827	\$12,341	\$12,856	\$12,856
8	\$10,877	\$11,449	\$12,022	\$12,594	\$13,167	\$13,739	\$14,312	\$14,312
9	\$11,983	\$12,614	\$13,245	\$13,875	\$14,506	\$15,137	\$15,768	\$15,768
10	\$13,090	\$13,779	\$14,468	\$15,157	\$15,846	\$16,535	\$17,224	\$17,224
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,883	\$2,072	\$2,260	\$2,448	\$2,636	\$2,825	\$3,013	\$3,201	\$3,390
2	\$2,549	\$2,804	\$3,059	\$3,313	\$3,568	\$3,823	\$4,078	\$4,333	\$4,588
3	\$3,214	\$3,536	\$3,857	\$4,179	\$4,500	\$4,822	\$5,143	\$5,464	\$5,786
4	\$3,880	\$4,268	\$4,656	\$5,044	\$5,432	\$5,820	\$6,208	\$6,596	\$6,984
5	\$4,546	\$5,000	\$5,455	\$5,909	\$6,364	\$6,818	\$7,273	\$7,728	\$8,182
6	\$5,211	\$5,732	\$6,253	\$6,775	\$7,296	\$7,817	\$8,338	\$8,859	\$9,380
7	\$5,877	\$6,464	\$7,052	\$7,640	\$8,228	\$8,815	\$9,403	\$9,991	\$10,578
8	\$6,542	\$7,197	\$7,851	\$8,505	\$9,159	\$9,814	\$10,468	\$11,122	\$11,776
9	\$7,208	\$7,929	\$8,650	\$9,370	\$10,091	\$10,812	\$11,533	\$12,254	\$12,974
10	\$7,874	\$8,661	\$9,448	\$10,236	\$11,023	\$11,810	\$12,598	\$13,385	\$14,172
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,578	\$3,766	\$3,955	\$4,143	\$4,331	\$4,520	\$4,708	\$4,708
2	\$4,843	\$5,098	\$5,352	\$5,607	\$5,862	\$6,117	\$6,372	\$6,372
3	\$6,107	\$6,429	\$6,750	\$7,072	\$7,393	\$7,715	\$8,036	\$8,036
4	\$7,372	\$7,760	\$8,148	\$8,536	\$8,924	\$9,312	\$9,700	\$9,700
5	\$8,637	\$9,091	\$9,546	\$10,000	\$10,455	\$10,909	\$11,364	\$11,364
6	\$9,901	\$10,422	\$10,944	\$11,465	\$11,986	\$12,507	\$13,028	\$13,028
7	\$11,166	\$11,754	\$12,341	\$12,929	\$13,517	\$14,104	\$14,692	\$14,692
8	\$12,431	\$13,085	\$13,739	\$14,393	\$15,048	\$15,702	\$16,356	\$16,356
9	\$13,695	\$14,416	\$15,137	\$15,858	\$16,578	\$17,299	\$18,020	\$18,020
10	\$14,960	\$15,747	\$16,535	\$17,322	\$18,109	\$18,897	\$19,684	\$19,684
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income								
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,628	\$1,791	\$1,954	\$2,117	\$2,279	\$2,442	\$2,605	\$2,768	\$2,931
2	\$2,204	\$2,424	\$2,644	\$2,865	\$3,085	\$3,305	\$3,526	\$3,746	\$3,967
3	\$2,779	\$3,057	\$3,335	\$3,613	\$3,891	\$4,169	\$4,447	\$4,724	\$5,002
4	\$3,355	\$3,690	\$4,026	\$4,361	\$4,696	\$5,032	\$5,367	\$5,703	\$6,038
5	\$3,930	\$4,323	\$4,716	\$5,109	\$5,502	\$5,895	\$6,288	\$6,681	\$7,074
6	\$4,506	\$4,956	\$5,407	\$5,857	\$6,308	\$6,758	\$7,209	\$7,659	\$8,110
7	\$5,081	\$5,589	\$6,097	\$6,605	\$7,113	\$7,621	\$8,130	\$8,638	\$9,146
8	\$5,656	\$6,222	\$6,788	\$7,353	\$7,919	\$8,485	\$9,050	\$9,616	\$10,182
9	\$6,232	\$6,855	\$7,478	\$8,101	\$8,725	\$9,348	\$9,971	\$10,594	\$11,217
10	\$6,807	\$7,488	\$8,169	\$8,850	\$9,530	\$10,211	\$10,892	\$11,573	\$12,253
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income							
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,094	\$3,256	\$3,419	\$3,582	\$3,745	\$3,908	\$4,070	\$4,070
2	\$4,187	\$4,407	\$4,628	\$4,848	\$5,068	\$5,289	\$5,509	\$5,509
3	\$5,280	\$5,558	\$5,836	\$6,114	\$6,392	\$6,670	\$6,948	\$6,948
4	\$6,374	\$6,709	\$7,045	\$7,380	\$7,716	\$8,051	\$8,386	\$8,386
5	\$7,467	\$7,860	\$8,253	\$8,646	\$9,039	\$9,432	\$9,825	\$9,825
6	\$8,560	\$9,011	\$9,462	\$9,912	\$10,363	\$10,813	\$11,264	\$11,264
7	\$9,654	\$10,162	\$10,670	\$11,178	\$11,686	\$12,194	\$12,702	\$12,702
8	\$10,747	\$11,313	\$11,879	\$12,444	\$13,010	\$13,575	\$14,141	\$14,141
9	\$11,841	\$12,464	\$13,087	\$13,710	\$14,333	\$14,957	\$15,580	\$15,580
10	\$12,934	\$13,615	\$14,296	\$14,976	\$15,657	\$16,338	\$17,018	\$17,018
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,579	\$1,737	\$1,895	\$2,053	\$2,211	\$2,369	\$2,527	\$2,685	\$2,842
2	\$2,137	\$2,351	\$2,565	\$2,778	\$2,992	\$3,206	\$3,420	\$3,633	\$3,847
3	\$2,695	\$2,965	\$3,234	\$3,504	\$3,774	\$4,043	\$4,313	\$4,582	\$4,852
4	\$3,254	\$3,579	\$3,904	\$4,230	\$4,555	\$4,880	\$5,206	\$5,531	\$5,856
5	\$3,812	\$4,193	\$4,574	\$4,955	\$5,336	\$5,718	\$6,099	\$6,480	\$6,861
6	\$4,370	\$4,807	\$5,244	\$5,681	\$6,118	\$6,555	\$6,992	\$7,429	\$7,866
7	\$4,928	\$5,421	\$5,914	\$6,406	\$6,899	\$7,392	\$7,885	\$8,378	\$8,870
8	\$5,486	\$6,035	\$6,583	\$7,132	\$7,681	\$8,229	\$8,778	\$9,326	\$9,875
9	\$6,044	\$6,649	\$7,253	\$7,857	\$8,462	\$9,066	\$9,671	\$10,275	\$10,880
10	\$6,602	\$7,263	\$7,923	\$8,583	\$9,243	\$9,904	\$10,564	\$11,224	\$11,884
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,000	\$3,158	\$3,316	\$3,474	\$3,632	\$3,790	\$3,948	\$3,948
2	\$4,061	\$4,275	\$4,488	\$4,702	\$4,916	\$5,129	\$5,343	\$5,343
3	\$5,121	\$5,391	\$5,660	\$5,930	\$6,199	\$6,469	\$6,739	\$6,739
4	\$6,182	\$6,507	\$6,832	\$7,158	\$7,483	\$7,809	\$8,134	\$8,134
5	\$7,242	\$7,623	\$8,005	\$8,386	\$8,767	\$9,148	\$9,529	\$9,529
6	\$8,303	\$8,740	\$9,177	\$9,614	\$10,051	\$10,488	\$10,925	\$10,925
7	\$9,363	\$9,856	\$10,349	\$10,841	\$11,334	\$11,827	\$12,320	\$12,320
8	\$10,424	\$10,972	\$11,521	\$12,069	\$12,618	\$13,167	\$13,715	\$13,715
9	\$11,484	\$12,088	\$12,693	\$13,297	\$13,902	\$14,506	\$15,111	\$15,111
10	\$12,544	\$13,205	\$13,865	\$14,525	\$15,185	\$15,846	\$16,506	\$16,506
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,491	\$1,640	\$1,789	\$1,938	\$2,087	\$2,236	\$2,385	\$2,534	\$2,684
2	\$2,018	\$2,220	\$2,421	\$2,623	\$2,825	\$3,027	\$3,228	\$3,430	\$3,632
3	\$2,545	\$2,799	\$3,054	\$3,308	\$3,563	\$3,817	\$4,072	\$4,326	\$4,581
4	\$3,072	\$3,379	\$3,686	\$3,993	\$4,300	\$4,608	\$4,915	\$5,222	\$5,529
5	\$3,599	\$3,958	\$4,318	\$4,678	\$5,038	\$5,398	\$5,758	\$6,118	\$6,477
6	\$4,126	\$4,538	\$4,951	\$5,363	\$5,776	\$6,188	\$6,601	\$7,013	\$7,426
7	\$4,652	\$5,118	\$5,583	\$6,048	\$6,513	\$6,979	\$7,444	\$7,909	\$8,374
8	\$5,179	\$5,697	\$6,215	\$6,733	\$7,251	\$7,769	\$8,287	\$8,805	\$9,323
9	\$5,706	\$6,277	\$6,848	\$7,418	\$7,989	\$8,560	\$9,130	\$9,701	\$10,271
10	\$6,233	\$6,857	\$7,480	\$8,103	\$8,727	\$9,350	\$9,973	\$10,597	\$11,220
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,833	\$2,982	\$3,131	\$3,280	\$3,429	\$3,578	\$3,727	\$3,727
2	\$3,834	\$4,036	\$4,237	\$4,439	\$4,641	\$4,843	\$5,045	\$5,045
3	\$4,835	\$5,089	\$5,344	\$5,598	\$5,853	\$6,107	\$6,362	\$6,362
4	\$5,836	\$6,143	\$6,451	\$6,758	\$7,065	\$7,372	\$7,679	\$7,679
5	\$6,837	\$7,197	\$7,557	\$7,917	\$8,277	\$8,637	\$8,997	\$8,997
6	\$7,839	\$8,251	\$8,664	\$9,076	\$9,489	\$9,901	\$10,314	\$10,314
7	\$8,840	\$9,305	\$9,770	\$10,235	\$10,701	\$11,166	\$11,631	\$11,631
8	\$9,841	\$10,359	\$10,877	\$11,395	\$11,913	\$12,431	\$12,949	\$12,949
9	\$10,842	\$11,413	\$11,983	\$12,554	\$13,125	\$13,695	\$14,266	\$14,266
10	\$11,843	\$12,467	\$13,090	\$13,713	\$14,337	\$14,960	\$15,583	\$15,583
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,942	\$2,136	\$2,330	\$2,525	\$2,719	\$2,913	\$3,107	\$3,301	\$3,496
2	\$2,628	\$2,891	\$3,154	\$3,417	\$3,680	\$3,943	\$4,206	\$4,468	\$4,731
3	\$3,315	\$3,646	\$3,978	\$4,309	\$4,641	\$4,972	\$5,304	\$5,635	\$5,967
4	\$4,001	\$4,401	\$4,802	\$5,202	\$5,602	\$6,002	\$6,402	\$6,802	\$7,202
5	\$4,688	\$5,156	\$5,625	\$6,094	\$6,563	\$7,031	\$7,500	\$7,969	\$8,438
6	\$5,374	\$5,911	\$6,449	\$6,986	\$7,524	\$8,061	\$8,598	\$9,136	\$9,673
7	\$6,060	\$6,666	\$7,273	\$7,879	\$8,485	\$9,091	\$9,697	\$10,303	\$10,909
8	\$6,747	\$7,422	\$8,096	\$8,771	\$9,446	\$10,120	\$10,795	\$11,470	\$12,144
9	\$7,433	\$8,177	\$8,920	\$9,663	\$10,407	\$11,150	\$11,893	\$12,637	\$13,380
10	\$8,120	\$8,932	\$9,744	\$10,556	\$11,368	\$12,179	\$12,991	\$13,803	\$14,615
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,690	\$3,884	\$4,078	\$4,273	\$4,467	\$4,661	\$4,855	\$4,855
2	\$4,994	\$5,257	\$5,520	\$5,783	\$6,045	\$6,308	\$6,571	\$6,571
3	\$6,298	\$6,630	\$6,961	\$7,293	\$7,624	\$7,956	\$8,287	\$8,287
4	\$7,602	\$8,003	\$8,403	\$8,803	\$9,203	\$9,603	\$10,003	\$10,003
5	\$8,907	\$9,375	\$9,844	\$10,313	\$10,782	\$11,250	\$11,719	\$11,719
6	\$10,211	\$10,748	\$11,286	\$11,823	\$12,360	\$12,898	\$13,435	\$13,435
7	\$11,515	\$12,121	\$12,727	\$13,333	\$13,939	\$14,545	\$15,151	\$15,151
8	\$12,819	\$13,494	\$14,168	\$14,843	\$15,518	\$16,192	\$16,867	\$16,867
9	\$14,123	\$14,867	\$15,610	\$16,353	\$17,096	\$17,840	\$18,583	\$18,583
10	\$15,427	\$16,239	\$17,051	\$17,863	\$18,675	\$19,487	\$20,299	\$20,299
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$2,511	\$2,762	\$3,013	\$3,264	\$3,515	\$3,766	\$4,017	\$4,269	\$4,520
2	\$3,398	\$3,738	\$4,078	\$4,418	\$4,758	\$5,098	\$5,437	\$5,777	\$6,117
3	\$4,286	\$4,714	\$5,143	\$5,572	\$6,000	\$6,429	\$6,857	\$7,286	\$7,715
4	\$5,173	\$5,691	\$6,208	\$6,725	\$7,243	\$7,760	\$8,277	\$8,795	\$9,312
5	\$6,061	\$6,667	\$7,273	\$7,879	\$8,485	\$9,091	\$9,697	\$10,303	\$10,909
6	\$6,948	\$7,643	\$8,338	\$9,033	\$9,728	\$10,422	\$11,117	\$11,812	\$12,507
7	\$7,836	\$8,619	\$9,403	\$10,186	\$10,970	\$11,754	\$12,537	\$13,321	\$14,104
8	\$8,723	\$9,596	\$10,468	\$11,340	\$12,212	\$13,085	\$13,957	\$14,829	\$15,702
9	\$9,611	\$10,572	\$11,533	\$12,494	\$13,455	\$14,416	\$15,377	\$16,338	\$17,299
10	\$10,498	\$11,548	\$12,598	\$13,648	\$14,697	\$15,747	\$16,797	\$17,847	\$18,897
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$4,771	\$5,022	\$5,273	\$5,524	\$5,775	\$6,026	\$6,277	\$6,277
2	\$6,457	\$6,797	\$7,137	\$7,476	\$7,816	\$8,156	\$8,496	\$8,496
3	\$8,143	\$8,572	\$9,000	\$9,429	\$9,857	\$10,286	\$10,715	\$10,715
4	\$9,829	\$10,347	\$10,864	\$11,381	\$11,899	\$12,416	\$12,933	\$12,933
5	\$11,516	\$12,122	\$12,728	\$13,334	\$13,940	\$14,546	\$15,152	\$15,152
6	\$13,202	\$13,897	\$14,591	\$15,286	\$15,981	\$16,676	\$17,371	\$17,371
7	\$14,888	\$15,671	\$16,455	\$17,239	\$18,022	\$18,806	\$19,589	\$19,589
8	\$16,574	\$17,446	\$18,319	\$19,191	\$20,063	\$20,936	\$21,808	\$21,808
9	\$18,260	\$19,221	\$20,182	\$21,143	\$22,105	\$23,066	\$24,027	\$24,027
10	\$19,946	\$20,996	\$22,046	\$23,096	\$24,146	\$25,196	\$26,245	\$26,245
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,687	\$1,856	\$2,024	\$2,193	\$2,362	\$2,531	\$2,699	\$2,868	\$3,037
2	\$2,283	\$2,512	\$2,740	\$2,968	\$3,197	\$3,425	\$3,653	\$3,882	\$4,110
3	\$2,880	\$3,168	\$3,455	\$3,743	\$4,031	\$4,319	\$4,607	\$4,895	\$5,183
4	\$3,476	\$3,823	\$4,171	\$4,519	\$4,866	\$5,214	\$5,561	\$5,909	\$6,257
5	\$4,072	\$4,479	\$4,887	\$5,294	\$5,701	\$6,108	\$6,515	\$6,923	\$7,330
6	\$4,668	\$5,135	\$5,602	\$6,069	\$6,536	\$7,003	\$7,469	\$7,936	\$8,403
7	\$5,265	\$5,791	\$6,318	\$6,844	\$7,370	\$7,897	\$8,423	\$8,950	\$9,476
8	\$5,861	\$6,447	\$7,033	\$7,619	\$8,205	\$8,791	\$9,377	\$9,964	\$10,550
9	\$6,457	\$7,103	\$7,749	\$8,394	\$9,040	\$9,686	\$10,331	\$10,977	\$11,623
10	\$7,053	\$7,759	\$8,464	\$9,169	\$9,875	\$10,580	\$11,285	\$11,991	\$12,696
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,205	\$3,374	\$3,543	\$3,711	\$3,880	\$4,049	\$4,218	\$4,218
2	\$4,338	\$4,567	\$4,795	\$5,023	\$5,252	\$5,480	\$5,708	\$5,708
3	\$5,471	\$5,759	\$6,047	\$6,335	\$6,623	\$6,911	\$7,199	\$7,199
4	\$6,604	\$6,952	\$7,299	\$7,647	\$7,994	\$8,342	\$8,690	\$8,690
5	\$7,737	\$8,144	\$8,551	\$8,959	\$9,366	\$9,773	\$10,180	\$10,180
6	\$8,870	\$9,337	\$9,804	\$10,270	\$10,737	\$11,204	\$11,671	\$11,671
7	\$10,003	\$10,529	\$11,056	\$11,582	\$12,109	\$12,635	\$13,162	\$13,162
8	\$11,136	\$11,722	\$12,308	\$12,894	\$13,480	\$14,066	\$14,652	\$14,652
9	\$12,269	\$12,914	\$13,560	\$14,206	\$14,851	\$15,497	\$16,143	\$16,143
10	\$13,402	\$14,107	\$14,812	\$15,518	\$16,223	\$16,928	\$17,634	\$17,634
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,922	\$2,115	\$2,307	\$2,499	\$2,691	\$2,884	\$3,076	\$3,268	\$3,460
2	\$2,602	\$2,862	\$3,122	\$3,382	\$3,643	\$3,903	\$4,163	\$4,423	\$4,683
3	\$3,281	\$3,610	\$3,938	\$4,266	\$4,594	\$4,922	\$5,250	\$5,578	\$5,906
4	\$3,961	\$4,357	\$4,753	\$5,149	\$5,545	\$5,941	\$6,337	\$6,733	\$7,130
5	\$4,640	\$5,104	\$5,568	\$6,032	\$6,496	\$6,960	\$7,424	\$7,889	\$8,353
6	\$5,320	\$5,852	\$6,384	\$6,916	\$7,448	\$7,980	\$8,512	\$9,044	\$9,576
7	\$5,999	\$6,599	\$7,199	\$7,799	\$8,399	\$8,999	\$9,599	\$10,199	\$10,799
8	\$6,679	\$7,347	\$8,014	\$8,682	\$9,350	\$10,018	\$10,686	\$11,354	\$12,022
9	\$7,358	\$8,094	\$8,830	\$9,566	\$10,301	\$11,037	\$11,773	\$12,509	\$13,245
10	\$8,038	\$8,841	\$9,645	\$10,449	\$11,253	\$12,056	\$12,860	\$13,664	\$14,468
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,653	\$3,845	\$4,037	\$4,229	\$4,422	\$4,614	\$4,806	\$4,806
2	\$4,944	\$5,204	\$5,464	\$5,724	\$5,984	\$6,245	\$6,505	\$6,505
3	\$6,235	\$6,563	\$6,891	\$7,219	\$7,547	\$7,875	\$8,203	\$8,203
4	\$7,526	\$7,922	\$8,318	\$8,714	\$9,110	\$9,506	\$9,902	\$9,902
5	\$8,817	\$9,281	\$9,745	\$10,209	\$10,673	\$11,137	\$11,601	\$11,601
6	\$10,108	\$10,640	\$11,172	\$11,703	\$12,235	\$12,767	\$13,299	\$13,299
7	\$11,399	\$11,998	\$12,598	\$13,198	\$13,798	\$14,398	\$14,998	\$14,998
8	\$12,690	\$13,357	\$14,025	\$14,693	\$15,361	\$16,029	\$16,697	\$16,697
9	\$13,981	\$14,716	\$15,452	\$16,188	\$16,924	\$17,660	\$18,395	\$18,395
10	\$15,272	\$16,075	\$16,879	\$17,683	\$18,487	\$19,290	\$20,094	\$20,094
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,942	\$2,136	\$2,330	\$2,525	\$2,719	\$2,913	\$3,107	\$3,301	\$3,496
2	\$2,628	\$2,891	\$3,154	\$3,417	\$3,680	\$3,943	\$4,206	\$4,468	\$4,731
3	\$3,315	\$3,646	\$3,978	\$4,309	\$4,641	\$4,972	\$5,304	\$5,635	\$5,967
4	\$4,001	\$4,401	\$4,802	\$5,202	\$5,602	\$6,002	\$6,402	\$6,802	\$7,202
5	\$4,688	\$5,156	\$5,625	\$6,094	\$6,563	\$7,031	\$7,500	\$7,969	\$8,438
6	\$5,374	\$5,911	\$6,449	\$6,986	\$7,524	\$8,061	\$8,598	\$9,136	\$9,673
7	\$6,060	\$6,666	\$7,273	\$7,879	\$8,485	\$9,091	\$9,697	\$10,303	\$10,909
8	\$6,747	\$7,422	\$8,096	\$8,771	\$9,446	\$10,120	\$10,795	\$11,470	\$12,144
9	\$7,433	\$8,177	\$8,920	\$9,663	\$10,407	\$11,150	\$11,893	\$12,637	\$13,380
10	\$8,120	\$8,932	\$9,744	\$10,556	\$11,368	\$12,179	\$12,991	\$13,803	\$14,615

Client Liability: \$0 \$5 \$10 \$15 \$20 \$25 \$30 \$35 \$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,690	\$3,884	\$4,078	\$4,273	\$4,467	\$4,661	\$4,855	\$4,855
2	\$4,994	\$5,257	\$5,520	\$5,783	\$6,045	\$6,308	\$6,571	\$6,571
3	\$6,298	\$6,630	\$6,961	\$7,293	\$7,624	\$7,956	\$8,287	\$8,287
4	\$7,602	\$8,003	\$8,403	\$8,803	\$9,203	\$9,603	\$10,003	\$10,003
5	\$8,907	\$9,375	\$9,844	\$10,313	\$10,782	\$11,250	\$11,719	\$11,719
6	\$10,211	\$10,748	\$11,286	\$11,823	\$12,360	\$12,898	\$13,435	\$13,435
7	\$11,515	\$12,121	\$12,727	\$13,333	\$13,939	\$14,545	\$15,151	\$15,151
8	\$12,819	\$13,494	\$14,168	\$14,843	\$15,518	\$16,192	\$16,867	\$16,867
9	\$14,123	\$14,867	\$15,610	\$16,353	\$17,096	\$17,840	\$18,583	\$18,583
10	\$15,427	\$16,239	\$17,051	\$17,863	\$18,675	\$19,487	\$20,299	\$20,299

Client Liability: \$45 \$50 \$55 \$60 \$65 \$70 \$75 Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$2,158	\$2,374	\$2,589	\$2,805	\$3,021	\$3,237	\$3,453	\$3,668	\$3,884
2	\$2,921	\$3,213	\$3,505	\$3,797	\$4,089	\$4,381	\$4,673	\$4,965	\$5,257
3	\$3,683	\$4,051	\$4,420	\$4,788	\$5,156	\$5,525	\$5,893	\$6,261	\$6,630
4	\$4,446	\$4,890	\$5,335	\$5,780	\$6,224	\$6,669	\$7,113	\$7,558	\$8,003
5	\$5,209	\$5,729	\$6,250	\$6,771	\$7,292	\$7,813	\$8,334	\$8,854	\$9,375
6	\$5,971	\$6,568	\$7,165	\$7,763	\$8,360	\$8,957	\$9,554	\$10,151	\$10,748
7	\$6,734	\$7,407	\$8,081	\$8,754	\$9,427	\$10,101	\$10,774	\$11,448	\$12,121
8	\$7,497	\$8,246	\$8,996	\$9,745	\$10,495	\$11,245	\$11,994	\$12,744	\$13,494
9	\$8,259	\$9,085	\$9,911	\$10,737	\$11,563	\$12,389	\$13,215	\$14,041	\$14,867
10	\$9,022	\$9,924	\$10,826	\$11,728	\$12,631	\$13,533	\$14,435	\$15,337	\$16,239
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$4,100	\$4,316	\$4,531	\$4,747	\$4,963	\$5,179	\$5,395	\$5,395
2	\$5,549	\$5,841	\$6,133	\$6,425	\$6,717	\$7,009	\$7,301	\$7,301
3	\$6,998	\$7,366	\$7,735	\$8,103	\$8,471	\$8,840	\$9,208	\$9,208
4	\$8,447	\$8,892	\$9,336	\$9,781	\$10,225	\$10,670	\$11,115	\$11,115
5	\$9,896	\$10,417	\$10,938	\$11,459	\$11,980	\$12,500	\$13,021	\$13,021
6	\$11,345	\$11,942	\$12,539	\$13,137	\$13,734	\$14,331	\$14,928	\$14,928
7	\$12,794	\$13,468	\$14,141	\$14,814	\$15,488	\$16,161	\$16,835	\$16,835
8	\$14,243	\$14,993	\$15,743	\$16,492	\$17,242	\$17,992	\$18,741	\$18,741
9	\$15,692	\$16,518	\$17,344	\$18,170	\$18,996	\$19,822	\$20,648	\$20,648
10	\$17,141	\$18,044	\$18,946	\$19,848	\$20,750	\$21,652	\$22,555	\$22,555
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,579	\$1,737	\$1,895	\$2,053	\$2,211	\$2,369	\$2,527	\$2,685	\$2,842
2	\$2,137	\$2,351	\$2,565	\$2,778	\$2,992	\$3,206	\$3,420	\$3,633	\$3,847
3	\$2,695	\$2,965	\$3,234	\$3,504	\$3,774	\$4,043	\$4,313	\$4,582	\$4,852
4	\$3,254	\$3,579	\$3,904	\$4,230	\$4,555	\$4,880	\$5,206	\$5,531	\$5,856
5	\$3,812	\$4,193	\$4,574	\$4,955	\$5,336	\$5,718	\$6,099	\$6,480	\$6,861
6	\$4,370	\$4,807	\$5,244	\$5,681	\$6,118	\$6,555	\$6,992	\$7,429	\$7,866
7	\$4,928	\$5,421	\$5,914	\$6,406	\$6,899	\$7,392	\$7,885	\$8,378	\$8,870
8	\$5,486	\$6,035	\$6,583	\$7,132	\$7,681	\$8,229	\$8,778	\$9,326	\$9,875
9	\$6,044	\$6,649	\$7,253	\$7,857	\$8,462	\$9,066	\$9,671	\$10,275	\$10,880
10	\$6,602	\$7,263	\$7,923	\$8,583	\$9,243	\$9,904	\$10,564	\$11,224	\$11,884
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,000	\$3,158	\$3,316	\$3,474	\$3,632	\$3,790	\$3,948	\$3,948
2	\$4,061	\$4,275	\$4,488	\$4,702	\$4,916	\$5,129	\$5,343	\$5,343
3	\$5,121	\$5,391	\$5,660	\$5,930	\$6,199	\$6,469	\$6,739	\$6,739
4	\$6,182	\$6,507	\$6,832	\$7,158	\$7,483	\$7,809	\$8,134	\$8,134
5	\$7,242	\$7,623	\$8,005	\$8,386	\$8,767	\$9,148	\$9,529	\$9,529
6	\$8,303	\$8,740	\$9,177	\$9,614	\$10,051	\$10,488	\$10,925	\$10,925
7	\$9,363	\$9,856	\$10,349	\$10,841	\$11,334	\$11,827	\$12,320	\$12,320
8	\$10,424	\$10,972	\$11,521	\$12,069	\$12,618	\$13,167	\$13,715	\$13,715
9	\$11,484	\$12,088	\$12,693	\$13,297	\$13,902	\$14,506	\$15,111	\$15,111
10	\$12,544	\$13,205	\$13,865	\$14,525	\$15,185	\$15,846	\$16,506	\$16,506
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,550	\$1,705	\$1,860	\$2,015	\$2,170	\$2,325	\$2,480	\$2,635	\$2,789
2	\$2,097	\$2,307	\$2,517	\$2,727	\$2,936	\$3,146	\$3,356	\$3,566	\$3,775
3	\$2,645	\$2,910	\$3,174	\$3,439	\$3,703	\$3,968	\$4,232	\$4,497	\$4,761
4	\$3,193	\$3,512	\$3,832	\$4,151	\$4,470	\$4,789	\$5,109	\$5,428	\$5,747
5	\$3,741	\$4,115	\$4,489	\$4,863	\$5,237	\$5,611	\$5,985	\$6,359	\$6,733
6	\$4,288	\$4,717	\$5,146	\$5,575	\$6,004	\$6,433	\$6,861	\$7,290	\$7,719
7	\$4,836	\$5,320	\$5,803	\$6,287	\$6,771	\$7,254	\$7,738	\$8,221	\$8,705
8	\$5,384	\$5,922	\$6,461	\$6,999	\$7,537	\$8,076	\$8,614	\$9,153	\$9,691
9	\$5,932	\$6,525	\$7,118	\$7,711	\$8,304	\$8,897	\$9,491	\$10,084	\$10,677
10	\$6,479	\$7,127	\$7,775	\$8,423	\$9,071	\$9,719	\$10,367	\$11,015	\$11,663
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$2,944	\$3,099	\$3,254	\$3,409	\$3,564	\$3,719	\$3,874	\$3,874
2	\$3,985	\$4,195	\$4,405	\$4,614	\$4,824	\$5,034	\$5,244	\$5,244
3	\$5,026	\$5,290	\$5,555	\$5,819	\$6,084	\$6,348	\$6,613	\$6,613
4	\$6,067	\$6,386	\$6,705	\$7,024	\$7,344	\$7,663	\$7,982	\$7,982
5	\$7,107	\$7,481	\$7,855	\$8,229	\$8,603	\$8,978	\$9,352	\$9,352
6	\$8,148	\$8,577	\$9,006	\$9,434	\$9,863	\$10,292	\$10,721	\$10,721
7	\$9,189	\$9,672	\$10,156	\$10,639	\$11,123	\$11,607	\$12,090	\$12,090
8	\$10,229	\$10,768	\$11,306	\$11,844	\$12,383	\$12,921	\$13,460	\$13,460
9	\$11,270	\$11,863	\$12,456	\$13,049	\$13,643	\$14,236	\$14,829	\$14,829
10	\$12,311	\$12,959	\$13,607	\$14,254	\$14,902	\$15,550	\$16,198	\$16,198
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,510	\$1,662	\$1,813	\$1,964	\$2,115	\$2,266	\$2,417	\$2,568	\$2,719
2	\$2,044	\$2,249	\$2,453	\$2,658	\$2,862	\$3,067	\$3,271	\$3,475	\$3,680
3	\$2,578	\$2,836	\$3,094	\$3,352	\$3,610	\$3,867	\$4,125	\$4,383	\$4,641
4	\$3,112	\$3,423	\$3,735	\$4,046	\$4,357	\$4,668	\$4,979	\$5,291	\$5,602
5	\$3,646	\$4,011	\$4,375	\$4,740	\$5,104	\$5,469	\$5,834	\$6,198	\$6,563
6	\$4,180	\$4,598	\$5,016	\$5,434	\$5,852	\$6,270	\$6,688	\$7,106	\$7,524
7	\$4,714	\$5,185	\$5,656	\$6,128	\$6,599	\$7,071	\$7,542	\$8,013	\$8,485
8	\$5,248	\$5,772	\$6,297	\$6,822	\$7,347	\$7,871	\$8,396	\$8,921	\$9,446
9	\$5,781	\$6,360	\$6,938	\$7,516	\$8,094	\$8,672	\$9,250	\$9,828	\$10,407
10	\$6,315	\$6,947	\$7,578	\$8,210	\$8,841	\$9,473	\$10,104	\$10,736	\$11,368
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$2,870	\$3,021	\$3,172	\$3,323	\$3,474	\$3,625	\$3,776	\$3,776
2	\$3,884	\$4,089	\$4,293	\$4,498	\$4,702	\$4,906	\$5,111	\$5,111
3	\$4,899	\$5,156	\$5,414	\$5,672	\$5,930	\$6,188	\$6,446	\$6,446
4	\$5,913	\$6,224	\$6,535	\$6,847	\$7,158	\$7,469	\$7,780	\$7,780
5	\$6,927	\$7,292	\$7,656	\$8,021	\$8,386	\$8,750	\$9,115	\$9,115
6	\$7,942	\$8,360	\$8,778	\$9,196	\$9,614	\$10,032	\$10,450	\$10,450
7	\$8,956	\$9,427	\$9,899	\$10,370	\$10,841	\$11,313	\$11,784	\$11,784
8	\$9,970	\$10,495	\$11,020	\$11,545	\$12,069	\$12,594	\$13,119	\$13,119
9	\$10,985	\$11,563	\$12,141	\$12,719	\$13,297	\$13,875	\$14,454	\$14,454
10	\$11,999	\$12,631	\$13,262	\$13,894	\$14,525	\$15,157	\$15,788	\$15,788
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,550	\$1,705	\$1,860	\$2,015	\$2,170	\$2,325	\$2,480	\$2,635	\$2,789
2	\$2,097	\$2,307	\$2,517	\$2,727	\$2,936	\$3,146	\$3,356	\$3,566	\$3,775
3	\$2,645	\$2,910	\$3,174	\$3,439	\$3,703	\$3,968	\$4,232	\$4,497	\$4,761
4	\$3,193	\$3,512	\$3,832	\$4,151	\$4,470	\$4,789	\$5,109	\$5,428	\$5,747
5	\$3,741	\$4,115	\$4,489	\$4,863	\$5,237	\$5,611	\$5,985	\$6,359	\$6,733
6	\$4,288	\$4,717	\$5,146	\$5,575	\$6,004	\$6,433	\$6,861	\$7,290	\$7,719
7	\$4,836	\$5,320	\$5,803	\$6,287	\$6,771	\$7,254	\$7,738	\$8,221	\$8,705
8	\$5,384	\$5,922	\$6,461	\$6,999	\$7,537	\$8,076	\$8,614	\$9,153	\$9,691
9	\$5,932	\$6,525	\$7,118	\$7,711	\$8,304	\$8,897	\$9,491	\$10,084	\$10,677
10	\$6,479	\$7,127	\$7,775	\$8,423	\$9,071	\$9,719	\$10,367	\$11,015	\$11,663
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,944	\$3,099	\$3,254	\$3,409	\$3,564	\$3,719	\$3,874	\$3,874
2	\$3,985	\$4,195	\$4,405	\$4,614	\$4,824	\$5,034	\$5,244	\$5,244
3	\$5,026	\$5,290	\$5,555	\$5,819	\$6,084	\$6,348	\$6,613	\$6,613
4	\$6,067	\$6,386	\$6,705	\$7,024	\$7,344	\$7,663	\$7,982	\$7,982
5	\$7,107	\$7,481	\$7,855	\$8,229	\$8,603	\$8,978	\$9,352	\$9,352
6	\$8,148	\$8,577	\$9,006	\$9,434	\$9,863	\$10,292	\$10,721	\$10,721
7	\$9,189	\$9,672	\$10,156	\$10,639	\$11,123	\$11,607	\$12,090	\$12,090
8	\$10,229	\$10,768	\$11,306	\$11,844	\$12,383	\$12,921	\$13,460	\$13,460
9	\$11,270	\$11,863	\$12,456	\$13,049	\$13,643	\$14,236	\$14,829	\$14,829
10	\$12,311	\$12,959	\$13,607	\$14,254	\$14,902	\$15,550	\$16,198	\$16,198
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,569	\$1,726	\$1,883	\$2,040	\$2,197	\$2,354	\$2,511	\$2,668	\$2,825
2	\$2,124	\$2,336	\$2,549	\$2,761	\$2,974	\$3,186	\$3,398	\$3,611	\$3,823
3	\$2,679	\$2,947	\$3,214	\$3,482	\$3,750	\$4,018	\$4,286	\$4,554	\$4,822
4	\$3,233	\$3,557	\$3,880	\$4,203	\$4,527	\$4,850	\$5,173	\$5,497	\$5,820
5	\$3,788	\$4,167	\$4,546	\$4,924	\$5,303	\$5,682	\$6,061	\$6,440	\$6,818
6	\$4,343	\$4,777	\$5,211	\$5,645	\$6,080	\$6,514	\$6,948	\$7,383	\$7,817
7	\$4,897	\$5,387	\$5,877	\$6,367	\$6,856	\$7,346	\$7,836	\$8,325	\$8,815
8	\$5,452	\$5,997	\$6,542	\$7,088	\$7,633	\$8,178	\$8,723	\$9,268	\$9,814
9	\$6,007	\$6,607	\$7,208	\$7,809	\$8,409	\$9,010	\$9,611	\$10,211	\$10,812
10	\$6,561	\$7,217	\$7,874	\$8,530	\$9,186	\$9,842	\$10,498	\$11,154	\$11,810
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,982	\$3,139	\$3,296	\$3,453	\$3,609	\$3,766	\$3,923	\$3,923
2	\$4,036	\$4,248	\$4,460	\$4,673	\$4,885	\$5,098	\$5,310	\$5,310
3	\$5,089	\$5,357	\$5,625	\$5,893	\$6,161	\$6,429	\$6,697	\$6,697
4	\$6,143	\$6,467	\$6,790	\$7,113	\$7,437	\$7,760	\$8,083	\$8,083
5	\$7,197	\$7,576	\$7,955	\$8,334	\$8,712	\$9,091	\$9,470	\$9,470
6	\$8,251	\$8,685	\$9,120	\$9,554	\$9,988	\$10,422	\$10,857	\$10,857
7	\$9,305	\$9,795	\$10,284	\$10,774	\$11,264	\$11,754	\$12,243	\$12,243
8	\$10,359	\$10,904	\$11,449	\$11,994	\$12,540	\$13,085	\$13,630	\$13,630
9	\$11,413	\$12,013	\$12,614	\$13,215	\$13,815	\$14,416	\$15,017	\$15,017
10	\$12,467	\$13,123	\$13,779	\$14,435	\$15,091	\$15,747	\$16,403	\$16,403
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,628	\$1,791	\$1,954	\$2,117	\$2,279	\$2,442	\$2,605	\$2,768	\$2,931
2	\$2,204	\$2,424	\$2,644	\$2,865	\$3,085	\$3,305	\$3,526	\$3,746	\$3,967
3	\$2,779	\$3,057	\$3,335	\$3,613	\$3,891	\$4,169	\$4,447	\$4,724	\$5,002
4	\$3,355	\$3,690	\$4,026	\$4,361	\$4,696	\$5,032	\$5,367	\$5,703	\$6,038
5	\$3,930	\$4,323	\$4,716	\$5,109	\$5,502	\$5,895	\$6,288	\$6,681	\$7,074
6	\$4,506	\$4,956	\$5,407	\$5,857	\$6,308	\$6,758	\$7,209	\$7,659	\$8,110
7	\$5,081	\$5,589	\$6,097	\$6,605	\$7,113	\$7,621	\$8,130	\$8,638	\$9,146
8	\$5,656	\$6,222	\$6,788	\$7,353	\$7,919	\$8,485	\$9,050	\$9,616	\$10,182
9	\$6,232	\$6,855	\$7,478	\$8,101	\$8,725	\$9,348	\$9,971	\$10,594	\$11,217
10	\$6,807	\$7,488	\$8,169	\$8,850	\$9,530	\$10,211	\$10,892	\$11,573	\$12,253
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,094	\$3,256	\$3,419	\$3,582	\$3,745	\$3,908	\$4,070	\$4,070
2	\$4,187	\$4,407	\$4,628	\$4,848	\$5,068	\$5,289	\$5,509	\$5,509
3	\$5,280	\$5,558	\$5,836	\$6,114	\$6,392	\$6,670	\$6,948	\$6,948
4	\$6,374	\$6,709	\$7,045	\$7,380	\$7,716	\$8,051	\$8,386	\$8,386
5	\$7,467	\$7,860	\$8,253	\$8,646	\$9,039	\$9,432	\$9,825	\$9,825
6	\$8,560	\$9,011	\$9,462	\$9,912	\$10,363	\$10,813	\$11,264	\$11,264
7	\$9,654	\$10,162	\$10,670	\$11,178	\$11,686	\$12,194	\$12,702	\$12,702
8	\$10,747	\$11,313	\$11,879	\$12,444	\$13,010	\$13,575	\$14,141	\$14,141
9	\$11,841	\$12,464	\$13,087	\$13,710	\$14,333	\$14,957	\$15,580	\$15,580
10	\$12,934	\$13,615	\$14,296	\$14,976	\$15,657	\$16,338	\$17,018	\$17,018
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,677	\$1,845	\$2,013	\$2,180	\$2,348	\$2,516	\$2,684	\$2,851	\$3,019
2	\$2,270	\$2,497	\$2,724	\$2,951	\$3,178	\$3,405	\$3,632	\$3,859	\$4,086
3	\$2,863	\$3,149	\$3,435	\$3,722	\$4,008	\$4,294	\$4,581	\$4,867	\$5,153
4	\$3,456	\$3,801	\$4,147	\$4,492	\$4,838	\$5,183	\$5,529	\$5,875	\$6,220
5	\$4,048	\$4,453	\$4,858	\$5,263	\$5,668	\$6,073	\$6,477	\$6,882	\$7,287
6	\$4,641	\$5,105	\$5,569	\$6,034	\$6,498	\$6,962	\$7,426	\$7,890	\$8,354
7	\$5,234	\$5,757	\$6,281	\$6,804	\$7,328	\$7,851	\$8,374	\$8,898	\$9,421
8	\$5,827	\$6,410	\$6,992	\$7,575	\$8,158	\$8,740	\$9,323	\$9,906	\$10,488
9	\$6,420	\$7,062	\$7,704	\$8,346	\$8,987	\$9,629	\$10,271	\$10,913	\$11,555
10	\$7,012	\$7,714	\$8,415	\$9,116	\$9,817	\$10,519	\$11,220	\$11,921	\$12,622
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,187	\$3,354	\$3,522	\$3,690	\$3,858	\$4,025	\$4,193	\$4,193
2	\$4,313	\$4,540	\$4,767	\$4,994	\$5,221	\$5,448	\$5,675	\$5,675
3	\$5,439	\$5,726	\$6,012	\$6,298	\$6,584	\$6,871	\$7,157	\$7,157
4	\$6,566	\$6,911	\$7,257	\$7,602	\$7,948	\$8,294	\$8,639	\$8,639
5	\$7,692	\$8,097	\$8,502	\$8,907	\$9,311	\$9,716	\$10,121	\$10,121
6	\$8,818	\$9,282	\$9,747	\$10,211	\$10,675	\$11,139	\$11,603	\$11,603
7	\$9,945	\$10,468	\$10,991	\$11,515	\$12,038	\$12,562	\$13,085	\$13,085
8	\$11,071	\$11,654	\$12,236	\$12,819	\$13,402	\$13,984	\$14,567	\$14,567
9	\$12,197	\$12,839	\$13,481	\$14,123	\$14,765	\$15,407	\$16,049	\$16,049
10	\$13,324	\$14,025	\$14,726	\$15,427	\$16,129	\$16,830	\$17,531	\$17,531
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income								
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,540	\$1,694	\$1,848	\$2,002	\$2,156	\$2,310	\$2,464	\$2,618	\$2,772
2	\$2,084	\$2,293	\$2,501	\$2,709	\$2,918	\$3,126	\$3,335	\$3,543	\$3,752
3	\$2,628	\$2,891	\$3,154	\$3,417	\$3,680	\$3,943	\$4,206	\$4,468	\$4,731
4	\$3,173	\$3,490	\$3,807	\$4,125	\$4,442	\$4,759	\$5,076	\$5,394	\$5,711
5	\$3,717	\$4,089	\$4,460	\$4,832	\$5,204	\$5,575	\$5,947	\$6,319	\$6,691
6	\$4,261	\$4,687	\$5,113	\$5,540	\$5,966	\$6,392	\$6,818	\$7,244	\$7,670
7	\$4,806	\$5,286	\$5,767	\$6,247	\$6,728	\$7,208	\$7,689	\$8,169	\$8,650
8	\$5,350	\$5,885	\$6,420	\$6,955	\$7,490	\$8,025	\$8,560	\$9,095	\$9,630
9	\$5,894	\$6,483	\$7,073	\$7,662	\$8,252	\$8,841	\$9,430	\$10,020	\$10,609
10	\$6,438	\$7,082	\$7,726	\$8,370	\$9,014	\$9,657	\$10,301	\$10,945	\$11,589
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income								Monthly Income Greater Than
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	
1	\$2,926	\$3,080	\$3,234	\$3,388	\$3,542	\$3,696	\$3,850	\$3,850	\$3,850
2	\$3,960	\$4,168	\$4,377	\$4,585	\$4,794	\$5,002	\$5,210	\$5,210	\$5,210
3	\$4,994	\$5,257	\$5,520	\$5,783	\$6,045	\$6,308	\$6,571	\$6,571	\$6,571
4	\$6,028	\$6,345	\$6,663	\$6,980	\$7,297	\$7,615	\$7,932	\$7,932	\$7,932
5	\$7,062	\$7,434	\$7,806	\$8,177	\$8,549	\$8,921	\$9,292	\$9,292	\$9,292
6	\$8,096	\$8,522	\$8,949	\$9,375	\$9,801	\$10,227	\$10,653	\$10,653	\$10,653
7	\$9,130	\$9,611	\$10,092	\$10,572	\$11,053	\$11,533	\$12,014	\$12,014	\$12,014
8	\$10,165	\$10,700	\$11,235	\$11,770	\$12,304	\$12,839	\$13,374	\$13,374	\$13,374
9	\$11,199	\$11,788	\$12,377	\$12,967	\$13,556	\$14,146	\$14,735	\$14,735	\$14,735
10	\$12,233	\$12,877	\$13,520	\$14,164	\$14,808	\$15,452	\$16,096	\$16,096	\$16,096
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee	

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,560	\$1,715	\$1,871	\$2,027	\$2,183	\$2,339	\$2,495	\$2,651	\$2,807
2	\$2,111	\$2,322	\$2,533	\$2,744	\$2,955	\$3,166	\$3,377	\$3,588	\$3,799
3	\$2,662	\$2,928	\$3,194	\$3,461	\$3,727	\$3,993	\$4,259	\$4,525	\$4,791
4	\$3,213	\$3,534	\$3,856	\$4,177	\$4,498	\$4,820	\$5,141	\$5,462	\$5,784
5	\$3,764	\$4,141	\$4,517	\$4,894	\$5,270	\$5,646	\$6,023	\$6,399	\$6,776
6	\$4,316	\$4,747	\$5,179	\$5,610	\$6,042	\$6,473	\$6,905	\$7,336	\$7,768
7	\$4,867	\$5,353	\$5,840	\$6,327	\$6,813	\$7,300	\$7,787	\$8,273	\$8,760
8	\$5,418	\$5,960	\$6,502	\$7,043	\$7,585	\$8,127	\$8,669	\$9,210	\$9,752
9	\$5,969	\$6,566	\$7,163	\$7,760	\$8,357	\$8,954	\$9,551	\$10,148	\$10,744
10	\$6,520	\$7,172	\$7,824	\$8,476	\$9,128	\$9,780	\$10,433	\$11,085	\$11,737
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$2,963	\$3,119	\$3,275	\$3,431	\$3,587	\$3,743	\$3,899	\$3,899
2	\$4,010	\$4,221	\$4,433	\$4,644	\$4,855	\$5,066	\$5,277	\$5,277
3	\$5,058	\$5,324	\$5,590	\$5,856	\$6,122	\$6,389	\$6,655	\$6,655
4	\$6,105	\$6,426	\$6,748	\$7,069	\$7,390	\$7,712	\$8,033	\$8,033
5	\$7,152	\$7,529	\$7,905	\$8,282	\$8,658	\$9,034	\$9,411	\$9,411
6	\$8,199	\$8,631	\$9,063	\$9,494	\$9,926	\$10,357	\$10,789	\$10,789
7	\$9,247	\$9,733	\$10,220	\$10,707	\$11,193	\$11,680	\$12,167	\$12,167
8	\$10,294	\$10,836	\$11,378	\$11,919	\$12,461	\$13,003	\$13,545	\$13,545
9	\$11,341	\$11,938	\$12,535	\$13,132	\$13,729	\$14,326	\$14,923	\$14,923
10	\$12,389	\$13,041	\$13,693	\$14,345	\$14,997	\$15,649	\$16,301	\$16,301
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,589	\$1,748	\$1,907	\$2,066	\$2,225	\$2,383	\$2,542	\$2,701	\$2,860
2	\$2,151	\$2,366	\$2,581	\$2,796	\$3,011	\$3,226	\$3,441	\$3,656	\$3,871
3	\$2,712	\$2,983	\$3,255	\$3,526	\$3,797	\$4,068	\$4,339	\$4,611	\$4,882
4	\$3,274	\$3,601	\$3,929	\$4,256	\$4,583	\$4,911	\$5,238	\$5,565	\$5,893
5	\$3,835	\$4,219	\$4,602	\$4,986	\$5,369	\$5,753	\$6,137	\$6,520	\$6,904
6	\$4,397	\$4,837	\$5,276	\$5,716	\$6,156	\$6,595	\$7,035	\$7,475	\$7,915
7	\$4,959	\$5,454	\$5,950	\$6,446	\$6,942	\$7,438	\$7,934	\$8,430	\$8,925
8	\$5,520	\$6,072	\$6,624	\$7,176	\$7,728	\$8,280	\$8,832	\$9,384	\$9,936
9	\$6,082	\$6,690	\$7,298	\$7,906	\$8,514	\$9,123	\$9,731	\$10,339	\$10,947
10	\$6,643	\$7,308	\$7,972	\$8,636	\$9,301	\$9,965	\$10,629	\$11,294	\$11,958
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,019	\$3,178	\$3,337	\$3,496	\$3,655	\$3,813	\$3,972	\$3,972
2	\$4,086	\$4,301	\$4,516	\$4,731	\$4,946	\$5,161	\$5,376	\$5,376
3	\$5,153	\$5,424	\$5,696	\$5,967	\$6,238	\$6,509	\$6,780	\$6,780
4	\$6,220	\$6,548	\$6,875	\$7,202	\$7,530	\$7,857	\$8,184	\$8,184
5	\$7,287	\$7,671	\$8,054	\$8,438	\$8,821	\$9,205	\$9,588	\$9,588
6	\$8,354	\$8,794	\$9,234	\$9,673	\$10,113	\$10,553	\$10,992	\$10,992
7	\$9,421	\$9,917	\$10,413	\$10,909	\$11,405	\$11,901	\$12,396	\$12,396
8	\$10,488	\$11,040	\$11,592	\$12,144	\$12,696	\$13,248	\$13,800	\$13,800
9	\$11,555	\$12,164	\$12,772	\$13,380	\$13,988	\$14,596	\$15,204	\$15,204
10	\$12,622	\$13,287	\$13,951	\$14,615	\$15,280	\$15,944	\$16,608	\$16,608
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,638	\$1,802	\$1,966	\$2,129	\$2,293	\$2,457	\$2,621	\$2,785	\$2,948
2	\$2,217	\$2,439	\$2,660	\$2,882	\$3,104	\$3,325	\$3,547	\$3,769	\$3,990
3	\$2,796	\$3,075	\$3,355	\$3,635	\$3,914	\$4,194	\$4,473	\$4,753	\$5,033
4	\$3,375	\$3,712	\$4,050	\$4,387	\$4,725	\$5,062	\$5,400	\$5,737	\$6,075
5	\$3,954	\$4,349	\$4,744	\$5,140	\$5,535	\$5,931	\$6,326	\$6,721	\$7,117
6	\$4,533	\$4,986	\$5,439	\$5,892	\$6,346	\$6,799	\$7,252	\$7,706	\$8,159
7	\$5,112	\$5,623	\$6,134	\$6,645	\$7,156	\$7,667	\$8,179	\$8,690	\$9,201
8	\$5,691	\$6,260	\$6,829	\$7,398	\$7,967	\$8,536	\$9,105	\$9,674	\$10,243
9	\$6,269	\$6,896	\$7,523	\$8,150	\$8,777	\$9,404	\$10,031	\$10,658	\$11,285
10	\$6,848	\$7,533	\$8,218	\$8,903	\$9,588	\$10,273	\$10,957	\$11,642	\$12,327
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Income Greater Than
1	\$3,112	\$3,276	\$3,440	\$3,604	\$3,767	\$3,931	\$4,095	\$4,095
2	\$4,212	\$4,434	\$4,656	\$4,877	\$5,099	\$5,321	\$5,542	\$5,542
3	\$5,312	\$5,592	\$5,871	\$6,151	\$6,430	\$6,710	\$6,990	\$6,990
4	\$6,412	\$6,750	\$7,087	\$7,425	\$7,762	\$8,100	\$8,437	\$8,437
5	\$7,512	\$7,907	\$8,303	\$8,698	\$9,094	\$9,489	\$9,884	\$9,884
6	\$8,612	\$9,065	\$9,519	\$9,972	\$10,425	\$10,878	\$11,332	\$11,332
7	\$9,712	\$10,223	\$10,734	\$11,246	\$11,757	\$12,268	\$12,779	\$12,779
8	\$10,812	\$11,381	\$11,950	\$12,519	\$13,088	\$13,657	\$14,226	\$14,226
9	\$11,912	\$12,539	\$13,166	\$13,793	\$14,420	\$15,047	\$15,674	\$15,674
10	\$13,012	\$13,697	\$14,382	\$15,066	\$15,751	\$16,436	\$17,121	\$17,121
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,618	\$1,780	\$1,942	\$2,104	\$2,266	\$2,428	\$2,589	\$2,751	\$2,913
2	\$2,190	\$2,409	\$2,628	\$2,847	\$3,067	\$3,286	\$3,505	\$3,724	\$3,943
3	\$2,762	\$3,039	\$3,315	\$3,591	\$3,867	\$4,144	\$4,420	\$4,696	\$4,972
4	\$3,334	\$3,668	\$4,001	\$4,335	\$4,668	\$5,002	\$5,335	\$5,668	\$6,002
5	\$3,906	\$4,297	\$4,688	\$5,078	\$5,469	\$5,860	\$6,250	\$6,641	\$7,031
6	\$4,478	\$4,926	\$5,374	\$5,822	\$6,270	\$6,718	\$7,165	\$7,613	\$8,061
7	\$5,050	\$5,555	\$6,060	\$6,565	\$7,071	\$7,576	\$8,081	\$8,586	\$9,091
8	\$5,622	\$6,185	\$6,747	\$7,309	\$7,871	\$8,434	\$8,996	\$9,558	\$10,120
9	\$6,194	\$6,814	\$7,433	\$8,053	\$8,672	\$9,292	\$9,911	\$10,530	\$11,150
10	\$6,766	\$7,443	\$8,120	\$8,796	\$9,473	\$10,150	\$10,826	\$11,503	\$12,179
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,075	\$3,237	\$3,399	\$3,560	\$3,722	\$3,884	\$4,046	\$4,046
2	\$4,162	\$4,381	\$4,600	\$4,819	\$5,038	\$5,257	\$5,476	\$5,476
3	\$5,249	\$5,525	\$5,801	\$6,077	\$6,353	\$6,630	\$6,906	\$6,906
4	\$6,335	\$6,669	\$7,002	\$7,336	\$7,669	\$8,003	\$8,336	\$8,336
5	\$7,422	\$7,813	\$8,203	\$8,594	\$8,985	\$9,375	\$9,766	\$9,766
6	\$8,509	\$8,957	\$9,405	\$9,852	\$10,300	\$10,748	\$11,196	\$11,196
7	\$9,596	\$10,101	\$10,606	\$11,111	\$11,616	\$12,121	\$12,626	\$12,626
8	\$10,683	\$11,245	\$11,807	\$12,369	\$12,931	\$13,494	\$14,056	\$14,056
9	\$11,769	\$12,389	\$13,008	\$13,628	\$14,247	\$14,867	\$15,486	\$15,486
10	\$12,856	\$13,533	\$14,209	\$14,886	\$15,563	\$16,239	\$16,916	\$16,916
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,628	\$1,791	\$1,954	\$2,117	\$2,279	\$2,442	\$2,605	\$2,768	\$2,931
2	\$2,204	\$2,424	\$2,644	\$2,865	\$3,085	\$3,305	\$3,526	\$3,746	\$3,967
3	\$2,779	\$3,057	\$3,335	\$3,613	\$3,891	\$4,169	\$4,447	\$4,724	\$5,002
4	\$3,355	\$3,690	\$4,026	\$4,361	\$4,696	\$5,032	\$5,367	\$5,703	\$6,038
5	\$3,930	\$4,323	\$4,716	\$5,109	\$5,502	\$5,895	\$6,288	\$6,681	\$7,074
6	\$4,506	\$4,956	\$5,407	\$5,857	\$6,308	\$6,758	\$7,209	\$7,659	\$8,110
7	\$5,081	\$5,589	\$6,097	\$6,605	\$7,113	\$7,621	\$8,130	\$8,638	\$9,146
8	\$5,656	\$6,222	\$6,788	\$7,353	\$7,919	\$8,485	\$9,050	\$9,616	\$10,182
9	\$6,232	\$6,855	\$7,478	\$8,101	\$8,725	\$9,348	\$9,971	\$10,594	\$11,217
10	\$6,807	\$7,488	\$8,169	\$8,850	\$9,530	\$10,211	\$10,892	\$11,573	\$12,253
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Monthly Income Greater Than
1	\$3,094	\$3,256	\$3,419	\$3,582	\$3,745	\$3,908	\$4,070	\$4,070
2	\$4,187	\$4,407	\$4,628	\$4,848	\$5,068	\$5,289	\$5,509	\$5,509
3	\$5,280	\$5,558	\$5,836	\$6,114	\$6,392	\$6,670	\$6,948	\$6,948
4	\$6,374	\$6,709	\$7,045	\$7,380	\$7,716	\$8,051	\$8,386	\$8,386
5	\$7,467	\$7,860	\$8,253	\$8,646	\$9,039	\$9,432	\$9,825	\$9,825
6	\$8,560	\$9,011	\$9,462	\$9,912	\$10,363	\$10,813	\$11,264	\$11,264
7	\$9,654	\$10,162	\$10,670	\$11,178	\$11,686	\$12,194	\$12,702	\$12,702
8	\$10,747	\$11,313	\$11,879	\$12,444	\$13,010	\$13,575	\$14,141	\$14,141
9	\$11,841	\$12,464	\$13,087	\$13,710	\$14,333	\$14,957	\$15,580	\$15,580
10	\$12,934	\$13,615	\$14,296	\$14,976	\$15,657	\$16,338	\$17,018	\$17,018
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than
1	\$1,638	\$1,802	\$1,966	\$2,129	\$2,293	\$2,457	\$2,621	\$2,785	\$2,948
2	\$2,217	\$2,439	\$2,660	\$2,882	\$3,104	\$3,325	\$3,547	\$3,769	\$3,990
3	\$2,796	\$3,075	\$3,355	\$3,635	\$3,914	\$4,194	\$4,473	\$4,753	\$5,033
4	\$3,375	\$3,712	\$4,050	\$4,387	\$4,725	\$5,062	\$5,400	\$5,737	\$6,075
5	\$3,954	\$4,349	\$4,744	\$5,140	\$5,535	\$5,931	\$6,326	\$6,721	\$7,117
6	\$4,533	\$4,986	\$5,439	\$5,892	\$6,346	\$6,799	\$7,252	\$7,706	\$8,159
7	\$5,112	\$5,623	\$6,134	\$6,645	\$7,156	\$7,667	\$8,179	\$8,690	\$9,201
8	\$5,691	\$6,260	\$6,829	\$7,398	\$7,967	\$8,536	\$9,105	\$9,674	\$10,243
9	\$6,269	\$6,896	\$7,523	\$8,150	\$8,777	\$9,404	\$10,031	\$10,658	\$11,285
10	\$6,848	\$7,533	\$8,218	\$8,903	\$9,588	\$10,273	\$10,957	\$11,642	\$12,327
Client Liability:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	\$40

Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Equal to or Less Than	Greater Than
1	\$3,112	\$3,276	\$3,440	\$3,604	\$3,767	\$3,931	\$4,095	\$4,095
2	\$4,212	\$4,434	\$4,656	\$4,877	\$5,099	\$5,321	\$5,542	\$5,542
3	\$5,312	\$5,592	\$5,871	\$6,151	\$6,430	\$6,710	\$6,990	\$6,990
4	\$6,412	\$6,750	\$7,087	\$7,425	\$7,762	\$8,100	\$8,437	\$8,437
5	\$7,512	\$7,907	\$8,303	\$8,698	\$9,094	\$9,489	\$9,884	\$9,884
6	\$8,612	\$9,065	\$9,519	\$9,972	\$10,425	\$10,878	\$11,332	\$11,332
7	\$9,712	\$10,223	\$10,734	\$11,246	\$11,757	\$12,268	\$12,779	\$12,779
8	\$10,812	\$11,381	\$11,950	\$12,519	\$13,088	\$13,657	\$14,226	\$14,226
9	\$11,912	\$12,539	\$13,166	\$13,793	\$14,420	\$15,047	\$15,674	\$15,674
10	\$13,012	\$13,697	\$14,382	\$15,066	\$15,751	\$16,436	\$17,121	\$17,121
Client Liability:	\$45	\$50	\$55	\$60	\$65	\$70	\$75	Full Fee

Note: Liability assessed as set dollar amount per day