

Inpatient Hospital/Non-Hospital Residential Treatment

Family Size	Monthly Income								
	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						
	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								
	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						
	Equal to or Less Than	Income 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								
	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						
	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								
	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						
	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								
	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							
	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								
	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							
	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								
	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							
	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								
	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						
	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								
	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							
	Equal to or Less Than	Monthly 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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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							
	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								
	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							
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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						
	Equal to or Less Than	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	Equal to or Less Than	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								
	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							
	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								
	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						
	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								
	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						
	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								
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	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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						
	Equal to or Less Than	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								
	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							
	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								
	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						
	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								
	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						
	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								
	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						
	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								
	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							
	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								
	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						
	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								
	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						
	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								
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								
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								
	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						
	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								
	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							
	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								
	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						
	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								
	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							
	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								
	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	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								
	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						
	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