

DECEMBER 2009 CHILD CARE FAMILY ELIGIBILITY INCOME GUIDELINES AND SLIDING FEE CHART

										SLIDING FEE CHART		
										DAILY COST PER CHILD IN CARE		
NUMBER OF PERSONS PER CHILD CARE FAMILY										FULL	HALF	PART
1	2	3	4	5	6	7	8	9	10	DAY	DAY	DAY
0-417	0-545	0-674	0-802	0-930	0-1058	0-1082	0-1106	0-1130	0-1154	\$1.00 Per Year*		
418-500	546-654	675-808	803-962	931-1116	1059-1270	1083-1299	1107-1328	1131-1356	1155-1385	\$0.50	\$0.35	\$0.25
501-583	655-763	809-943	963-1122	1117-1302	1271-1482	1300-1515	1329-1549	1357-1582	1386-1616	\$0.75	\$0.50	\$0.35
584-667	764-872	944-1078	1123-1283	1303-1488	1483-1693	1516-1732	1550-1770	1583-1808	1617-1847	\$1.00	\$0.65	\$0.45
668-750	873-981	1079-1212	1284-1443	1489-1674	1694-1905	1733-1948	1771-1991	1809-2034	1848-2078	\$2.00	\$1.30	\$0.90
751-834	982-1090	1213-1347	1444-1604	1675-1860	1906-2117	1949-2165	1992-2213	2035-2261	2079-2309	\$3.00	\$1.95	\$1.35
835-917	1091-1199	1348-1482	1605-1764	1861-2046	2118-2328	2166-2381	2214-2434	2262-2487	2310-2539	\$4.00	\$2.60	\$1.80
918-1212	1200-1584	1483-1960	1765-2333	2047-2704	2329-3077	2382-3146	2435-3218	2488-3287	2540-3356	\$5.00	\$3.25	\$2.25

11	12	13	14	15	16	17	18	19	20	FULL	HALF	PART
										DAY	DAY	DAY
0-1179	0-1203	0-1227	0-1251	0-1275	0-1299	0-1323	0-1347	0-1371	0-1395	\$1.00 Per Year*		
1180-1414	1204-1443	1228-1472	1252-1501	1276-1529	1300-1559	1324-1587	1348-1616	1372-1645	1396-1674	\$0.50	\$0.35	\$0.25
1415-1650	1444-1684	1473-1717	1502-1751	1530-1784	1560-1818	1588-1852	1617-1885	1646-1919	1675-1953	\$0.75	\$0.50	\$0.35
1651-1886	1685-1924	1718-1962	1752-2001	1785-2039	1819-2078	1853-2116	1886-2155	1920-2193	1954-2232	\$1.00	\$0.65	\$0.45
1887-2121	1925-2165	1963-2208	2002-2251	2040-2294	2079-2338	2117-2381	2156-2424	2194-2467	2233-2511	\$2.00	\$1.30	\$0.90
2122-2357	2166-2405	2209-2453	2252-2501	2295-2549	2339-2598	2382-2646	2425-2694	2468-2742	2512-2790	\$3.00	\$1.95	\$1.35
2358-2593	2406-2646	2454-2698	2502-2751	2550-2804	2599-2857	2647-2910	2695-2963	2743-3016	2791-3068	\$4.00	\$2.60	\$1.80
2594-3426	2647-3497	2699-3567	2752-3637	2805-3707	2858-3777	2911-3847	2964-3915	3017-3987	3069-4056	\$5.00	\$3.25	\$2.25

*FAMILIES AT THE LOWEST INCOME LEVEL SHALL PAY \$1.00 PER YEAR WITH CONSTITUTES THE PERIODIC PAYMENT FOR THE ELIGIBILITY PERIOD

FAMILIES WITH INCOMES HIGHER THAN THIS SCALE ARE INELIGIBLE FOR CHILD CARE ASSISTANCE

PART TIME CARE IS ONE HALF HOUR UP TO THREE HOURS OF CARE

HALF TIME CARE IS THREE HOURS UP TO FIVE HOURS OF CARE

FULL TIME CARE IS FIVE HOURS UP TO TEN HOURS OF CARE