

**Hidalgo County Health and Human Services Department  
Income Guidelines & Schedule of Charges - Sliding Fee Schedule**



**IMMUNIZATIONS**  
(Monthly Income)

<b>Family Size</b>	<b>0 - 100 %</b>	<b>101 - 185 %</b>	<b>186 - 200 %</b>	<b>201 % &amp; Over</b>
1	\$0.00 - \$990.00	\$1000.00 - \$1,832.00	\$1,841.00 - \$1,980.00	\$1,990.00
2	\$0.00 - \$1,335.00	\$1,348.00 - \$2470.00	\$2,483.00 - \$2,670.00	\$2,683.00
3	\$0.00 - \$1,680.00	\$1,697.00 - \$3,108.00	\$3,124.00 - \$3360.00	\$3,376.00
4	\$0.00 - \$2,025.00	\$2,045.00 - \$3,747.00	\$3,766.00 - \$4,050.00	\$4,070.00
5	\$0.00 - \$2,370.00	\$2,394.00 - \$4,385.00	\$4,408.00 - \$4,740.00	\$4,763.00
6	\$0.00 - \$2,716.00	\$2,742.00 - \$5023.00	\$5052.00 - \$5430.00	\$5,459.00
7	\$0.00 - \$3061.00	\$3,091.00 - \$5,663.00	\$5,693.00 - \$6,122.00	\$6,152.00
8	\$0.00 - \$3,408.00	\$3,442.00 - \$6,304.00	\$6,338.00 - \$6,815.00	\$6,850.00
<b>FEE PER VACCINE</b>	<b>\$5.00</b>	<b>\$5.00</b>	<b>\$10.00</b>	<b>\$14.00 Max Charge</b>

\* If income falls between 100% & 101%, round down to 100%

\* If income falls between 185% & 186%, round down to 185%

\* If income falls between 200% & 201%, round down to 200%

*DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM.*

**ADULT IMMUNIZATION EXPANSION PROGRAM \$20.00 PER VACCINE**

This Schedule shall be used to determine if a client is eligible to pay in accordance with the Eligibility Guidelines; however, services shall not be denied due to inability to pay.