

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



IMMUNIZATIONS
(Monthly Income)

Family Size	0 - 100 %	101 - 185 %	186 - 200 %	201 % & Over
1	\$0.00 - \$1,063.00	\$1,074.00 - \$1,967.00	\$1,977.00 - \$2,126.00	\$2,137.00
2	\$0.00 - \$1,437.00	\$1,451.00 - \$2,658.00	\$2,673.00 - \$2,874.00	\$2,888.00
3	\$0.00 - \$1,810.00	\$1,828.00 - \$3,349.00	\$3,367.00 - \$3,620.00	\$3,638.00
4	\$0.00 - \$2,183.00	\$2,205.00 - \$4,039.00	\$4,060.00 - \$4,366.00	\$4,388.00
5	\$0.00 - \$2,557.00	\$2,583.00 - \$4,730.00	\$4,756.00 - \$5,114.00	\$5,139.00
6	\$0.00 - \$2,930.00	\$2,959.00 - \$5,421.00	\$5,450.00 - \$5,860.00	\$5,889.00
7	\$0.00 - \$3,303.00	\$3,336.00 - \$6,111.00	\$6,144.00 - \$6,606.00	\$6,639.00
8	\$0.00 - \$3,677.00	\$3,714.00 - \$6,802.00	\$6,839.00 - \$7,354.00	\$7,391.00
FEE PER VACCINE	\$5.00	\$5.00	\$10.00	\$14.00 Max Charge

* 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.

Note: For families/households with more than 8 persons, add \$4,480 for each additional person.

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.