

**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 - \$1,073.00	\$1,084.00 - \$1,985.00	\$1,996.00 - \$2,146.00	\$2,157.00
2	\$0.00 - \$1,452.00	\$1,467.00 - \$2,686.00	\$2,701.00 - \$2,904.00	\$2,919.00
3	\$0.00 - \$1,830.00	\$1,848.00 - \$3,386.00	\$3,404.00 - \$3,660.00	\$3,678.00
4	\$0.00 - \$2,208.00	\$2,230.00 - \$4,085.00	\$4,107.00 - \$4,416.00	\$4,438.00
5	\$0.00 - \$2,587.00	\$2,613.00 - \$4,786.00	\$4,812.00 - \$5,174.00	\$5,200.00
6	\$0.00 - \$2,965.00	\$2,995.00 - \$5,485.00	\$5,515.00 - \$5,930.00	\$5,960.00
7	\$0.00 - \$3,343.00	\$3,376.00 - \$6,185.00	\$6,218.00 - \$6,686.00	\$6,719.00
8	\$0.00 - \$3,722.00	\$3,759.00 - \$6,886.00	\$6,923.00 - \$7,444.00	\$7,481.00
<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.*

**Note: For families/households with more than 8 persons, add \$4,540 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.