

**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 - \$1,133.00	\$1,144.00 - \$2,096.00	\$2,107.00 - \$2,266.00	\$2,277.00
2	\$0.00 - \$1,526.00	\$1,541.00 - \$2,823.00	\$2,838.00 - \$3,052.00	\$3,067.00
3	\$0.00 - \$1,919.00	\$1,938.00 - \$3,550.00	\$3,569.00 - \$3,838.00	\$3,857.00
4	\$0.00 - \$2,313.00	\$2,336.00 - \$4,279.00	\$4,302.00 - \$4,626.00	\$4,649.00
5	\$0.00 - \$2,706.00	\$2,733.00 - \$5,006.00	\$5,033.00 - \$5,412.00	\$5,439.00
6	\$0.00 - \$3,099.00	\$3,130.00 - \$5,733.00	\$5,764.00 - \$6,198.00	\$6,229.00
7	\$0.00 - \$3,493.00	\$3,528.00 - \$6,462.00	\$6,497.00 - \$6,986.00	\$7,021.00
8	\$0.00 - \$3,886.00	\$3,925.00 - \$7,189.00	\$7,228.00 - \$7,772.00	\$7,811.00
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 \$4,720 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.