

**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 - \$1,215.00	\$1,227.00 - \$2,248.00	\$2,260.00 - \$2,430.00	\$2,442.00
2	\$0.00 - \$1,643.00	\$1,659.00 - \$3,040.00	\$3,056.00 - \$3,286.00	\$3,302.00
3	\$0.00 - \$2,072.00	\$2,093.00 - \$3,833.00	\$3,854.00 - \$4,144.00	\$4,165.00
4	\$0.00 - \$2,500.00	\$2,525.00 - \$4,625.00	\$4,650.00 - \$5,000.00	\$5,025.00
5	\$0.00 - \$2,928.00	\$2,957.00 - \$5,417.00	\$5,446.00 - \$5,856.00	\$5,885.00
6	\$0.00 - \$3,357.00	\$3,391.00 - \$6,210.00	\$6,244.00 - \$6,714.00	\$6,748.00
7	\$0.00 - \$3,785.00	\$3,823.00 - \$7,002.00	\$7,040.00 - \$7,570.00	\$7,608.00
8	\$0.00 - \$4,213.00	\$4,255.00 - \$7,794.00	\$7,836.00 - \$8,426.00	\$8,468.00
<b>FEE PER VACCINE</b>	<b>\$5.00</b>	<b>\$5.00</b>	<b>\$10.00</b>	<b>\$10.00</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 \$5,140 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.