



Seven Counties Services

CCBHC Sliding Fee Scale

130 Joe B. Hall Avenue
Shepherdsville, KY 40165

Size of Family	Family Income	Family Income	
	<100% of FPL*	200% of FPL*	
	(Client Assistance 1)	(Client Assistance 2)	
	100%	101%	200%
1	\$12,490.00	\$12,491.00	\$24,980.00
2	\$16,910.00	\$16,911.00	\$33,820.00
3	\$21,330.00	\$21,331.00	\$42,660.00
4	\$25,750.00	\$25,751.00	\$51,500.00
5	\$30,170.00	\$30,171.00	\$60,340.00
6	\$34,590.00	\$34,591.00	\$69,180.00
7	\$39,010.00	\$39,011.00	\$78,020.00
8	\$43,430.00	\$43,431.00	\$86,860.00
Each Additional Family Member	\$4,420.00	\$8,840.00	
Outpatient Fee	\$3.00	24.00	

*FPL = Federal Poverty Level

Note: CCBHC Sliding Fee Scale is valid only at this CCBHC location and is for clients with no other payor source.