

**DAYBREAK YOUTH SERVICES**  
**SPOKANE OUTPATIENT**  
***SLIDING FEE SCALE***

NUMBER IN FAMILY	TOTAL ANNUAL INCOME								
	FPL	200%	250%	300%	325%	350%	375%	400%	400% above
1	10,890	21,780	27,225	32,670	35,393	38,115	40,838	43,560	
2	14,712	29,424	36,780	44,136	47,814	51,492	55,170	58,848	
3	18,534	37,068	46,335	55,602	60,236	64,869	69,503	74,136	
4	22,350	44,700	55,875	67,050	72,638	78,225	83,813	89,400	
5	26,172	52,344	65,430	78,516	85,059	91,602	98,145	104,688	
For Each Additional Member Add \$3822	QUALIFIES FOR TITLE XIX		APPLE HEALTH @ \$20 - \$40 Per Month Per Child	APPLE HEALTH @\$30- \$60 Per Month Per Child	Scholarship 100%	Scholarship 75%	Scholarship 50%	Scholarship 25%	No Scholarship
					<i><b>DAYBREAK SCHOLARSHIP</b></i>				

**\* Before determining Scholarship Applicability:**

- Check the applicability for Apple Health Benefits if the Total Annual Income falls under the 200%-300% Federal Poverty Level.
- Refer to the scale below for calculating an allowable for Other Expenses with Extraordinary Circumstances

**SCALE FOR EXPENSES IN EXTRAORDINARY CIRCUMSTANCES**

\* BASED ON PER MONTH OF OTHER EXPENSES (REFER AFTER CONSIDERING WRITTEN EXPLANATION)

<b>LOWER THRESHOLD</b>	<b>\$500</b>
<b>MEDIUM THRESHOLD</b>	<b>\$750</b>
<b>HIGHER THRESHOLD</b>	<b>\$1,000</b>