

2026 FEDERAL HHS POVERTY GUIDELINES

<u>Sliding Fee Schedule</u>						
Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Charge						
Family Size	Nominal Fee (\$10)	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921+
2	\$0 - \$21,100	\$21,101 - \$26,375	\$26,376 - \$31,650	\$31,651 - \$36,925	\$36,926 - \$42,200	\$42,201+
3	\$0 - \$26,240	\$26,241 - \$32,800	\$32,801 - \$39,360	\$39,361 - \$45,920	\$45,921 - \$52,480	\$52,481+
4	\$0 - \$31,380	\$31,381 - \$39,225	\$39,226 - \$47,070	\$47,071 - \$54,915	\$54,916 - \$62,760	\$62,761+
5	\$0 - \$36,520	\$36,521 - \$45,650	\$45,651 - \$54,780	\$54,781 - \$63,910	\$63,911 - \$73,040	\$73,041+
6	\$0 - \$41,660	\$41,661 - \$52,075	\$52,076 - \$62,490	\$62,491 - \$72,905	\$72,906 - \$83,320	\$83,321+
7	\$0 - \$46,800	\$46,801 - \$58,500	\$58,501 - \$70,200	\$70,201 - \$81,900	\$81,901 - \$93,600	\$93,601+
8	\$0 - \$51,940	\$51,941 - \$64,925	\$64,926 - \$77,910	\$77,911 - \$90,895	\$90,896 - \$103,880	\$103,881+
For Each Person over 8, Add:	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	\$10,280

NOTICE TO PATIENTS:

River Valley Counseling Center serves all patients regardless of inability to pay. Discounts for essential services are offered based on family size and income. For more information, ask at the front desk or visit our website. Thank you.

Locations:

- 303 Beech Street, Holyoke, MA 01040
- 187 High Street, Suite 404, Holyoke, MA 01040
- 249 Exchange Street, Chicopee, MA 01013
- 152 Center Street, Chicopee, MA 01013
- 120 Maple Street, Springfield, MA 01103
- 2 Mechanic Street, Easthampton, MA 01027
- 94 N Elm Street, Westfield, MA 01085
- 55 Federal Street, Greenfield, MA 01301
- 50 Pleasant Street, Northampton, MA 01060
- 141 North Street, Pittsfield, MA 01201

Sliding Fee Discount Application

It is the policy of River Valley Counseling Center to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Other	Total
Gross Wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from, estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.