



UTAH DEPARTMENT OF HEALTH
Baby Watch Early Intervention Program
2008 Sliding Fee Schedule



Monthly Family Fee:	Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100
Fee Group:	FX	FH	FG	FF	FE	FD	FC	FB	FA
Family Size:	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income	Modified Income
2	\$0.00 to \$26,039.99	\$26,040.00 to \$27,999.99	\$28,000.00 to \$34,999.99	\$35,000.00 to \$41,999.99	\$42,000.00 to \$55,999.99	\$56,000.00 to \$69,999.99	\$70,000.00 to \$83,999.99	\$84,000.00 to \$97,999.99	\$98,000.00 and above
3	\$0.00 to \$32,735.99	\$32,736.00 to \$35,199.99	\$35,200.00 to \$43,999.99	\$44,000.00 to \$52,799.99	\$52,800.00 to \$70,399.99	\$70,400.00 to \$87,999.99	\$88,000.00 to \$105,599.99	\$105,600.00 to \$123,199.99	\$123,200.00 and above
4	\$0.00 to \$39,431.99	\$39,432.00 to \$42,399.99	\$42,400.00 to \$52,999.99	\$53,000.00 to \$63,599.99	\$63,600.00 to \$84,799.99	\$84,800.00 to \$105,999.99	\$106,000.00 to \$127,199.99	\$127,200.00 to \$148,399.99	\$148,400.00 and above
5	\$0.00 to \$46,127.99	\$46,128.00 to \$49,599.99	\$49,600.00 to \$61,999.99	\$62,000.00 to \$74,399.99	\$74,400.00 to \$99,199.99	\$99,200.00 to \$123,999.99	\$124,000.00 to \$148,799.99	\$148,800.00 to \$173,599.99	\$173,600.00 and above
6	\$0.00 to \$52,823.99	\$52,824.00 to \$56,799.99	\$56,800.00 to \$70,999.99	\$71,000.00 to \$85,199.99	\$85,200.00 to \$113,599.99	\$113,600.00 to \$141,999.99	\$142,000.00 to \$170,399.99	\$170,400.00 to \$198,799.99	\$198,800.00 and above
7	\$0.00 to \$59,519.99	\$59,520.00 to \$63,999.99	\$64,000.00 to \$79,999.99	\$80,000.00 to \$95,999.99	\$96,000.00 to \$127,999.99	\$128,000.00 to \$159,999.99	\$160,000.00 to \$191,999.99	\$192,000.00 to \$223,999.99	\$224,000.00 and above
8	\$0.00 to \$66,215.99	\$66,216.00 to \$71,199.99	\$71,200.00 to \$88,999.99	\$89,000.00 to \$106,799.99	\$106,800.00 to \$142,399.99	\$142,400.00 to \$177,999.99	\$178,000.00 to \$213,599.99	\$213,600.00 to \$249,199.99	\$249,200.00 and above
<i>Add amount for each additional family member</i>	\$3,600	\$6,696	\$7,200	\$9,000	\$10,800	\$14,400	\$18,000	\$21,600	\$25,200

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the *Federal Register*, Vol. 73, No. 15, January 23, 2008, pages 3971-3972. When new poverty guidelines are published the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.