



UTAH DEPARTMENT OF HEALTH
Baby Watch Early Intervention Program
2009 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 \$27,100.19	\$27,100.20 to \$29,139.99	\$29,140.00 to \$36,424.99	\$36,425.00 to \$43,709.99	\$43,710.00 to \$58,279.99	\$58,280.00 to \$72,849.99	\$72,850.00 to \$87,419.99	\$87,420.00 to \$101,989.99	\$101,990.00 and above
3	\$0.00 to \$34,056.59	\$34,056.60 to \$36,619.99	\$36,620.00 to \$45,774.99	\$45,775.00 to \$54,929.99	\$54,930.00 to \$73,239.99	\$73,240.00 to \$91,549.99	\$91,550.00 to \$109,859.99	\$109,860.00 to \$128,169.99	\$128,170.00 and above
4	\$0.00 to \$41,012.99	\$41,013.00 to \$44,099.99	\$44,100.00 to \$55,124.99	\$55,125.00 to \$66,149.99	\$66,150.00 to \$88,199.99	\$88,200.00 to \$110,249.99	\$110,250.00 to \$132,299.99	\$132,300.00 to \$154,349.99	\$154,350.00 and above
5	\$0.00 to \$47,969.39	\$47,969.40 to \$51,579.99	\$51,580.00 to \$64,474.99	\$64,475.00 to \$77,369.99	\$77,370.00 to \$103,159.99	\$103,160.00 to \$128,949.99	\$128,950.00 to \$154,739.99	\$154,740.00 to \$180,529.99	\$180,530.00 and above
6	\$0.00 to \$54,925.79	\$54,925.80 to \$59,059.99	\$59,060.00 to \$73,824.99	\$73,825.00 to \$88,589.99	\$88,590.00 to \$118,119.99	\$118,120.00 to \$147,649.99	\$147,650.00 to \$177,179.99	\$177,180.00 to \$206,709.99	\$206,710.00 and above
7	\$0.00 to \$61,882.19	\$61,882.20 to \$66,539.99	\$66,540.00 to \$83,174.99	\$83,175.00 to \$99,809.99	\$99,810.00 to \$133,079.99	\$133,080.00 to \$166,349.99	\$166,350.00 to \$199,619.99	\$199,620.00 to \$232,889.99	\$232,890.00 and above
8	\$0.00 to \$68,838.59	\$68,838.60 to \$74,019.99	\$74,020.00 to \$92,524.99	\$92,525.00 to \$111,029.99	\$111,030.00 to \$148,039.99	\$148,040.00 to \$185,049.99	\$185,050.00 to \$222,059.99	\$222,060.00 to \$259,069.99	\$259,070.00 and above
<i>Add amount for each additional family member</i>	\$3,740	\$6,956	\$7,480	\$9,350	\$11,220	\$14,960	\$18,700	\$22,440	\$26,180

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the *Federal Register*, Vol. 74, No. 14, January 23, 2009, pages 4199-4201. 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.