ABSENTEE SHAWNEE TRIBE OF OKLAHOMA - PERCENTAGE CCDF PLAN PERIOD 10/1/2016 - 9/30/2019

SLIDING SCALE FEE * EFFECTIVE 10/1/2016

Family Income	FAMILY SIZE						
Category	2	3	4	5	6	7	8
No Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% of							
Poverty Level							
(monthly)	\$1,335	\$1,680	\$2,025	\$2,370	\$2,715	\$3,060	\$3,407
Monthly							
Family							
Co-Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100\$ of FPL +							
\$1 (monthly	\$1,336	\$1,681	\$2,026	\$2,371	\$2,716	\$3,061	\$3,408
85% OK SMI							
(monthly)	\$3,126	\$3,862	\$4,598	\$5,333	\$6,069	\$6,210	\$6,344
Monthly Family Co-Payment*	5% of monthly gross income**	5% of monthly gross income + \$10 each add'l child in care	5% of monthly gross income + \$10 each add'l child in care	5% of monthly gross income + \$10 each add'1 child in care	5% of monthly gross income + \$10 each add'1 child in care	5% of monthly gross income + \$10 each add'l child in care	5% of monthly gross income + \$10 each add'1 child in care
\$0.01 + 85% of							
OK SMI							
(monthly)	\$3,126.01	\$3,862.01	\$4,598.01	\$5,333.01	\$6,069.01	\$6,210.01	\$6,344.01
Monthly	Not Eligible for AST Subsidy						
Family Co- payment	Parent Responsible for full cost of care						

^{*}Sliding fee scale cannot charge a co-payment fee higher than 10% of monthly parent income per CCDF regulations
**To calculate family co-payments, a deduction of \$100 per working family per month is applied to gross monthly income amount prior to calculating co-payment amount Note: Co-Payments are waived for children receiving or in need of protective services. Please refer to definition of protective services as listed in current plan

FY 2016 STATE MEDIAN INCOME TABLES

85% Oklahoma Median Income (\$64,907)						
Family	Monthly	Annual				
1	\$2,391	\$28,688				
2	\$3,126	\$37,516				
3	\$3,861	\$46,343				
4	\$4,597	\$55,170				
5	\$5,332	\$63,998				
6	\$6,069	\$72,825				
7	\$6,206	\$76,135				
8	\$6,482	\$77,791				

The 2016 Poverty Guidelines for the				
48 Contiguous States and the District of Columbia				

Persons in family	Poverty guideline
1	11,880/990
2	16,020 / 1,335
3	20,160 / 1,680
4	24,300 / 2,025
5	28,440 / 2,370
6	32,580 / 2,715
7	36,730 / 3,060
8	40,890 / 3,407

For families with more than 8 persons, add \$4,160 for each additional person.