ABSENTEE SHAWNEE TRIBE OF OKLAHOMA - PERCENTAGE CCDF PLAN PERIOD 10/1/2019 - 9/30/2022

SLIDING SCALE FEE * EFFECTIVE 4/1/2020

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)	\$1,409	\$1,778	\$2,146	\$2,514	\$2,883	\$3,251	\$3,619
Monthly							
Family							
Co-Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% of FPL +		** ==0	***	****		***	42 420
\$1 (monthly)	\$1,410	\$1,779	\$2,147	\$2,515	\$2,884	\$3,252	\$3,620
75% OK SMI							
	\$2,899	\$3,581	\$4,263	\$4,946	\$5,627	\$5,756	\$5,883
Monthly		3% of monthly gross					
Family Co-	3% of monthly	income + \$10 each add'l					
Payment	gross income**	child in care					
75% OKSMI							
+\$1 (monthly)	\$2,900	\$3,582	\$4,264	\$4,947	\$5,628	\$5,757	\$5,884
85% OK SMI	Φ2.20.5	#4.050	#4.021	Φ. σ. σ. 4	D < 255	Ø 6 500	Φ
(monthly)	\$3,285	\$4,058	\$4,831	\$5,604	\$6,377	\$6,522	\$6,667
Monthly Family Co-Payment*	5% of monthly gross income**	5% of monthly gross income + \$10 each add'1	5% of monthly gross income + \$10 each add'1	5% of monthly gross income + \$10 each add'1	5% of monthly gross income + \$10 each add'l	5% of monthly gross income + \$10 each add'1	5% of monthly gross income + \$10 each add'1
Co-i ayıncın	gross meome	child in care					
\$0.01 + 85% of							
OK SMI							
(monthly)	\$3,285.01	\$4,058.01	\$4,831.01	\$5,604.01	\$6,377.01	\$6,522.01	\$6,667.01
Monthly	Not Eligible for AST Subsidy						
Family Co-		Parent Responsible for full cost of care					
payment							

^{*}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 \$200 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 2019 STATE MEDIAN INCOME TABLES

85% Oklahoma Median Income (\$68,213)						
Family	Monthly	Annual				
1	\$2,512	\$30,150				
2	\$3,285	\$39,427				
3	\$4,058	\$48,704				
4	\$4,831	\$57,981				
5	\$5,604	\$67,258				
6	\$6,377	\$76,534				
7	\$6,522	\$78,274				
8	\$6,667	\$80,013				

The 2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia				
Persons in family	Poverty guideline			
1	\$12,490/1,041			
2	\$16,910/ 1,409			
3	\$21,330 / 1,778			
4	\$25,750 / 2,146			
5	\$30,170 / 2,514			
6	\$34,590 / 2,883			
7	\$39,010 / 3,251			
8	\$43,430 / 3,619			

For families with more than 8 persons, add \$4,420 for each additional person.