## **Outpatient Drugfree**

	Monthly Income										Monthly
	Equal to	or Equal to or	Income								
Family Size	Less Ti	nan Less Than	Less Than	Less Than	Less Than	Less Than	Less Than	Less Than	Less Than	Less Than	Greater Than
	1 \$1,88	4 \$2,072	\$2,261	\$2,449	\$2,637	\$2,826	\$3,014	\$3,203	\$3,391	\$3,579	\$3,579
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2	2 \$2,55		\$3,061	\$3,316	\$3,571	\$3,826	\$4,081	\$4,336	\$4,591	\$4,846	\$4,846
;	3 \$3,21	7 \$3,539	\$3,861	\$4,182	\$4,504	\$4,826	\$5,148	\$5,469	\$5,791	\$6,113	\$6,113
4	4 \$3,88	4 \$4,272	\$4,661	\$5,049	\$5,438	\$5,826	\$6,214	\$6,603	\$6,991	\$7,380	\$7,380
;	5 \$4,55	1 \$5,006	\$5,461	\$5,916	\$6,371	\$6,826	\$7,281	\$7,736	\$8,191	\$8,646	\$8,646
(	6 \$5,21	7 \$5,739	\$6,261	\$6,783	\$7,304	\$7,826	\$8,348	\$8,869	\$9,391	\$9,913	\$9,913
	7 \$5,88	4 \$6,472	\$7,061	\$7,649	\$8,238	\$8,826	\$9,414	\$10,003	\$10,591	\$11,180	\$11,180
1	8 \$6,55	1 \$7,206	\$7,861	\$8,516	\$9,171	\$9,826	\$10,481	\$11,136	\$11,791	\$12,446	\$12,446
9	9 \$7,21	7 \$7,939	\$8,661	\$9,383	\$10,104	\$10,826	\$11,548	\$12,270	\$12,991	\$13,713	\$13,713
10	0 \$7,88	4 \$8,672	\$9,461	\$10,249	\$11,038	\$11,826	\$12,614	\$13,403	\$14,191	\$14,980	\$14,980
Client Liability	<i>y</i> : 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Note: Liability assessed as percentage of unit rate