

Ohio Hearing Aid Assistance Program Sliding Fee Scale

Adjusted Gross Income (AGI)

Tax Form

1040

Line 7

Family Size

Annual Family Income Table

1	\$12,760	25,520	28,710	31,900	35,090	38,280	41,470	44,660	47,850	51,040
2	17,240	34,480	38,790	43,100	47,410	51,720	56,030	60,340	64,650	68,960
3	21,720	43,440	48,870	54,300	59,730	65,160	70,590	76,020	81,450	86,880
4	26,200	52,400	58,950	65,500	72,050	78,600	85,150	91,700	98,250	104,800
5	30,680	61,360	69,030	76,700	84,370	92,040	99,710	107,380	115,050	122,720
6	35,160	70,320	79,110	87,900	96,690	105,480	114,270	123,060	131,850	140,640
7	39,640	79,280	89,190	99,100	109,010	118,920	128,830	138,740	148,650	158,560
8	44,120	88,240	99,270	110,300	121,330	132,360	143,390	154,420	165,450	176,480

Percent of FPL	100%	200%	225%	250%	275%	300%	325%	350%	375%	400%
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Family Sliding Scale Fee based on Income Table

Percent of FPL	100%	200%	225%	250%	275%	300%	325%	350%	375%	400%
Monaural	0	0	0.00	0.00	0.00	10.00	10.00	10.00	10.00	10.00
Binaural	0	0	0.00	0.00	0.00	20.00	20.00	20.00	20.00	20.00

How To Determine Family Income Eligibility

Step 1: Identify Adjusted Gross Income (AGI) on tax form

Step 2: Determine family size and locate family's AGI on Annual Family Income Table

Step 3: Follow Family Income Table down table to determine percent of FPL for family

Step 4: For Sliding Scale fee, locate family's percent of FPL on the Family Sliding Scale Fee based on Income Table

Step 5: Determine Sliding Scale Fee amount based on percent of FPL for binural or monural hearing aids, depending on need