

| DESCRIPTIONS | FEE WITHOUT A CAREGIVER | FEE WITH A CAREGIVER | FEE WITH 2 CAREGIVERS | FEE WITH 3 CAREGIVERS |
|--|-------------------------|----------------------|-----------------------|-----------------------|
| REGULAR APPLICANT | \$100.00 | \$200.00 | \$300.00 | \$400.00 |
| MEDI-CAL BENEFICIARY APPLICANT | \$50.00 | \$100.00 | \$150.00 | \$200.00 |
| COUNTY MEDICAL SERVICES PROGRAM (CMSP) APPLICANT | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| EMERGENCY REGULAR APPLICANT | \$200.00 | \$400.00 | \$600.00 | \$800.00 |
| EMERGENCY MEDI-CAL BENEFICIARY APPLICANT | \$100.00 | \$200.00 | \$300.00 | \$400.00 |
| EMERGENCY COUNTY MEDICAL SERVICES PROGRAM (CMSP) APPLICANT | \$0.00 | \$0.00 | \$0.00 | \$0.00 |