

**ATTACHMENT 3.5.1.
CCDF PLAN PERIOD 10/1/16-9/30/19**

**KIOWA TRIBE CHILD CARE PROGRAM
Sliding Fee Scale*
2017-2019
(Effective 10/1/2016)**

Family Income Category	FAMILY SIZE								
	2	3	4	5	6	7	8	9	10
No Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% of Poverty Level (monthly)	\$1,335	\$1,680	\$2,025	\$2,370	\$2,715	\$3,061	\$3,408	\$3,754	\$4,101
Monthly Family Co-Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% of FPL + \$1 (monthly)	\$1,336	\$1,681	\$2,026	\$2,370	\$2,716	\$3,062	\$3,409	\$3,755	\$4,102
85% OK SMI (monthly)	\$3,126	\$3,862	\$4,598	\$5,333	\$6,069	\$6,207	\$6,344	\$6,534	\$6,730
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'l child in care	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'l child in care	5% of Monthly Gross Income + \$10 each add'l child in care	5% of Monthly Gross Income + \$10 each add'l child in care
\$1 + 85% of OK SMI (monthly)	\$3,127	\$3,863	\$4,599	\$5,334	\$6,070	\$6,208	\$6,345	\$6,535	\$6,731
Monthly Family Co-Payment	NOT ELIGIBLE FOR KCCP SUBSIDY SERVICES 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 monthly family co-payment, a deduction of \$200 per working parent 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.