Recovery Center Sliding Fee Scale Dosing

Effective March 1, 2026

Poverty Level*	At or Below 100%	101-125%	126-150%	151-200%	Above 200%
Charge Per Dose	**$7.00**	**$8.00**	**$10.00**	**$12.00**	**$16.00**
Family Size	**Income**				
1	$15,960	$15,961 - $ 19,950	$ 19,951 - $ 23,940	$ 23,941 - $ 31,920	$ 31,921
2	$21,640	$21,641 - $ 27,050	$ 27,051 - $ 32,460	$ 32,461 - $ 43,280	$ 43,281
3	$27,320	$27,321 - $ 34,150	$ 34,151 - $ 40,980	$ 40,981 - $ 54,640	$ 54,641
4	$33,000	$33,001 - $ 41,250	$ 41,251 - $ 49,500	$ 49,501 - $ 66,000	$ 66,001
5	$38,680	$38,681 - $ 48,350	$ 48,351 - $ 58,020	$ 58,021 - $ 77,360	$ 77,361
6	$44,360	$44,361 - $ 55,450	$ 55,451 - $ 66,540	$ 66,541 - $ 88,720	$ 88,721
7	$50,040	$50,041 - $ 62,550	$ 62,551 - $ 75,060	$ 75,061 - $ 100,080	$ 100,081
8	$55,720	$55,721 - $ 69,650	$ 69,651 - $ 83,580	$ 83,581 - $ 111,440	$ 111,441
For each additional person, add	$5,680	$7,100	$8,520	$11,360	$11,361

Eligibility: Only uninsured who are not eligible for insurance coverage, including Medicaid, are eligible.

For clients needing additional financial assistance or who do not qualify for the sliding scale please inquire with your counselor to see if you are eligible for the 30 days of financial assistance or contact Client Financial Services at 219-476-4546 to inquire about other available options.

* - Based on 2026 Federal Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)