

Source of Income	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from Business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
Total Income			

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Print Name: _____

Signature: _____

Date: _____

Clarity Staff Use Only

Approved Discount: _____

Approved By: _____

Date Approved: _____

***Please attach copies of income sources.**

Payment Agreement

Name:

If Minor, Responsible Party's Name:

Address:

City, State, and Zip:

Account Number:

Date:

Total Amount Due:

This document is to act as a set agreement for an approved payment agreement based upon policy set by Clarity Wellness Community.

The responsible party listed above will agree to this payment agreement as stated below for the outstanding account balance. Should the responsible party deviate from the agreed plan at any time (including but not limited to missed payments, delinquent payments, declined payments or payments not made in full), Clarity Wellness Community reserves the right to charge interest, penalties, or consider the account's delinquency at any time and will forward the outstanding balance to an outside collection agency.

The responsible party agrees to pay Clarity Wellness Community \$_____ per month starting _____. This amount will be collected on the _____ of each month until the balance is \$0.00.

Please sign and return the original document. The signature of this document denotes all parties agreed to the terms of this agreement.

Responsible Party Signature: _____
Date

Clarity Wellness Representative: _____
Date

Clarity Wellness 2026 Sliding Fee Discount Schedule Household Income Thresholds						
Family Size	≤100% FPL (Nominal Fee)	125% FPL (20% Pay)	150% FPL (40% Pay)	175% FPL (60% Pay)	200% FPL (80% Pay)	>200% FPL (100% Pay)
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921+
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281+
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641+
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001+
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361+
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721+
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081+
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$107,450	\$107,451 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$117,390	\$117,391 - \$134,160	\$134,161+
11	\$0 - \$72,760	\$72,761 - \$90,950	\$90,951 - \$109,140	\$109,141 - \$127,330	\$127,331 - \$145,520	\$145,521+
12	\$0 - \$78,440	\$78,441 - \$98,050	\$98,051 - \$117,660	\$117,661 - \$137,270	\$137,271 - \$156,880	\$156,881+
13	\$0 - \$84,120	\$84,121 - \$105,150	\$105,151 - \$126,180	\$126,181 - \$147,210	\$147,211 - \$168,240	\$168,241+
14	\$0 - \$89,800	\$89,801 - \$112,250	\$112,251 - \$134,700	\$134,701 - \$157,150	\$157,151 - \$179,600	\$179,601+

***Nominal Fee: \$5**

U.S. Department of Health and Human Services. *Annual Update of the HHS Poverty Guidelines*. Federal Register, Vol. 91, No. 10, January 15, 2026, effective January 13, 2026. <https://www.federalregister.gov/documents/2026/01/15/2026-00755/annual-update-of-the-hhs-poverty-guidelines>