



Springfield Area Adult Day Service

A SERVICE OF SPRINGFIELD HOSPITAL

Where People Come First

Springfield Hospital Sliding Fee Schedule for Adult Day Services

Sliding Fee Scale Effective July 1, 2024			
Based on Adjusted Monthly Income from Eligibility Form	Individual	Couple	Hourly Fee
If less than 100%	\$1,255	\$1,703	\$12.87
from	\$1,255	\$1,703	\$13.83
To 125%	\$1,567	\$2,128	
from	\$1,568	\$2,129	\$14.78
To 150%	\$1,881	\$2,554	
from	\$1,882	\$2,555	\$16.69
To 185%	\$2,509	\$3,405	
from	\$2,510	\$3,406	\$18.59
To 250%	\$3,136	\$4,257	
from	\$3,137	\$4,258	\$20.50
To 300%	\$3,764	\$5,109	
Over	\$3,765	\$5,110	\$25.75

Private Pay Rate: Over \$3,765 for individuals and \$5,110 for couples = \$25.75/hr.

I agree to pay \$ _____ per hour for _____ to attend Springfield Area Adult Day Service.
Rate Participant Name

I would like to receive invoices by (check one) Email or U.S. Postal Service

Email Address: _____

Print Name _____

Signature _____

Date _____