

**Family Copayment for Subsidized Child Care**  
**Income Eligibility and Copay Calculation Table**  
 Effective October 1, 2024

	\$0 Copay 0%-20% SMI	\$65 Copay 20%-36% SMI	\$90 Copay 36%-50% SMI	\$165 Copay 50%-60% SMI	\$215 Copay 60%-65% SMI	75% SMI	Income Limit 85% SMI
<b>Family Size</b>	<b>Countable Monthly Income</b>						
1	\$0 to \$1,135	\$1,136 to \$2,044	\$2,045 to \$2,839	\$2,840 to \$3,407	\$3,408 to \$3,691	\$4,259	\$4,827
2	\$0 to \$1,485	\$1,486 to \$2,673	\$2,674 to \$3,713	\$3,714 to \$4,455	\$4,456 to \$4,827	\$5,569	\$6,312
3	\$0 to \$1,834	\$1,835 to \$3,302	\$3,303 to \$4,586	\$4,587 to \$5,504	\$5,505 to \$5,962	\$6,880	\$7,797
4	\$0 to \$2,184	\$2,185 to \$3,931	\$3,932 to \$5,460	\$5,461 to \$6,552	\$6,553 to \$7,098	\$8,190	\$9,282
5	\$0 to \$2,533	\$2,534 to \$4,560	\$4,561 to \$6,334	\$6,335 to \$7,601	\$7,602 to \$8,234	\$9,501	\$10,768
6	\$0 to \$2,883	\$2,884 to \$5,189	\$5,190 to \$7,207	\$7,208 to \$8,649	\$8,650 to \$9,370	\$10,811	\$12,253
7	\$0 to \$2,948	\$2,949 to \$5,307	\$5,308 to \$7,371	\$7,372 to \$8,846	\$8,847 to \$9,583	\$11,057	\$12,532
8	\$0 to \$3,014	\$3,015 to \$5,425	\$5,426 to \$7,535	\$7,536 to \$9,042	\$9,043 to \$9,796	\$11,303	\$12,810
9	\$0 to \$3,079	\$3,080 to \$5,543	\$5,544 to \$7,699	\$7,700 to \$9,239	\$9,240 to \$10,009	\$11,549	\$13,089
10	\$0 to \$3,145	\$3,146 to \$5,661	\$5,662 to \$7,863	\$7,864 to \$9,435	\$9,436 to \$10,222	\$11,794	\$13,367
11	\$0 to \$3,210	\$3,211 to \$5,779	\$5,780 to \$8,027	\$8,028 to \$9,632	\$9,633 to \$10,435	\$12,040	\$13,645
12	\$0 to \$3,276	\$3,277 to \$5,897	\$5,898 to \$8,190	\$8,191 to \$9,829	\$9,830 to \$10,648	\$12,286	\$13,924
13	\$0 to \$3,341	\$3,342 to \$6,015	\$6,016 to \$8,354	\$8,355 to \$10,025	\$10,026 to \$10,861	\$12,532	\$14,202
14	\$0 to \$3,407	\$3,408 to \$6,133	\$6,134 to \$8,518	\$8,519 to \$10,222	\$10,223 to \$11,074	\$12,777	\$14,481
15	\$0 to \$3,472	\$3,473 to \$6,251	\$6,252 to \$8,682	\$8,683 to \$10,418	\$10,419 to \$11,287	\$13,023	\$14,759
16	\$0 to \$3,538	\$3,539 to \$6,369	\$6,370 to \$8,846	\$8,847 to \$10,615	\$10,616 to \$11,499	\$13,269	\$15,038
17	\$0 to \$3,603	\$3,604 to \$6,487	\$6,488 to \$9,009	\$9,010 to \$10,811	\$10,812 to \$11,712	\$13,514	\$15,316
18	\$0 to \$3,669	\$3,670 to \$6,605	\$6,606 to \$9,173	\$9,174 to \$11,008	\$11,009 to \$11,925	\$13,760	\$15,595
19	\$0 to \$3,735	\$3,736 to \$6,723	\$6,724 to \$9,337	\$9,338 to \$11,205	\$11,206 to \$12,138	\$14,006	\$15,873
20	\$0 to \$3,800	\$3,801 to \$6,841	\$6,842 to \$9,501	\$9,502 to \$11,401	\$11,402 to \$12,351	\$14,252	\$16,152

<sup>1</sup>The program uses State Median Income (SMI) to determine copay categories and income limits. The \$215 copay level is reserved for reapplications only; new applications with income over 60% SMI would be considered to be over income and be denied.

<sup>2</sup>The income limit column is not used to determine eligibility at application; it is used to determine the point at which a consumer's income would warrant case termination during their eligibility period.