

# FRESNO COUNTY JUVENILE DRUG TESTING FEE SCHEDULE

**Determination of Sliding Fee for Juvenile Drug Testing:**

In the first column marked Family Size, choose the number that corresponds to the number of people living in the household. Follow that row to the right and find the column that contains the declared MONTHLY HOUSEHOLD INCOME. Follow the column containing the MONTHLY HOUSEHOLD INCOME down to the bottom to determine the fee for each encounter.

**MONTHLY HOUSEHOLD INCOME**  
(Based on 100% of Federal Poverty Levels – Published April 1<sup>st</sup> Each Year)

Family Size	At Least	Less Than	At Least	Less Than	Equal to or Greater Than
1	\$990	\$1,980	\$1,980	\$2,970	\$2,970
2	\$1,335	\$2,670	\$2,670	\$4,005	\$4,005
3	\$1,680	\$3,360	\$3,360	\$5,040	\$5,040
4	\$2,025	\$4,050	\$4,050	\$6,075	\$6,075
5	\$2,370	\$4,740	\$4,740	\$7,110	\$7,110
6	\$2,715	\$5,430	\$5,430	\$8,145	\$8,145
7	\$3,060	\$6,120	\$6,120	\$9,180	\$9,180
8	\$3,408	\$6,960	\$6,960	\$10,368	\$10,368
9	\$3,755	\$7,510	\$7,510	\$11,265	\$11,265
10	\$4,102	\$8,204	\$8,204	\$12,306	\$12,306

More than 10 in Family add \$347 income per Family Member (cash income from all sources) to the first column and \$693 income per Family Member to the middle column and \$1040 income per Family Member to the number in the last column.

	↓	↓	↓
Amount	33% of fee	66% of fee	100% of fee

**FEE MAY BE WAIVED IF CLIENT IS UNABLE TO PAY AT THE TIME IT IS DUE**