

Ohio Hearing Aid Assistance Program Sliding Fee Scale

Adjusted Gross Income (AGI)

Tax Form

| | |
|--------|---------|
| 1040 | Line 37 |
| 1040A | Line 21 |
| 1040EZ | Line 4 |

Family Size

Annual Family Income Table

| | | | | | | | | | | |
|-----------------------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|
| 1 | 11,880 | 23,760 | 26,730 | 29,700 | 32,670 | 35,640 | 38,610 | 41,580 | 44,550 | 47,520 |
| 2 | 16,020 | 32,040 | 36,045 | 40,050 | 44,055 | 48,060 | 52,065 | 56,070 | 60,075 | 64,080 |
| 3 | 20,160 | 40,320 | 45,360 | 50,400 | 55,440 | 60,480 | 65,520 | 70,560 | 75,600 | 80,640 |
| 4 | 24,300 | 48,600 | 54,675 | 60,750 | 66,825 | 72,900 | 78,975 | 85,050 | 91,125 | 97,200 |
| 5 | 28,440 | 56,880 | 63,990 | 71,100 | 78,210 | 85,320 | 92,430 | 99,540 | 106,650 | 113,760 |
| 6 | 32,580 | 65,160 | 73,305 | 81,450 | 89,595 | 97,740 | 105,885 | 114,030 | 122,175 | 130,320 |
| 7 | 36,730 | 73,460 | 82,643 | 91,825 | 101,008 | 110,190 | 119,373 | 128,555 | 137,738 | 146,920 |
| 8 | 40,890 | 81,780 | 92,003 | 102,225 | 112,448 | 122,670 | 132,893 | 143,115 | 153,338 | 163,560 |
| Percent of FPL | 100% | 200% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% |

Family Co-Pay based on Income Table

| | | | | | | | | | | |
|-----------------------|------|------|------|------|------|-------|-------|-------|-------|-------|
| Percent of FPL | 100% | 200% | 225% | 250% | 275% | 300% | 325% | 350% | 375% | 400% |
| Monaural | 0 | 0 | 0.00 | 0.00 | 0.00 | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |
| Binaural | 0 | 0 | 0.00 | 0.00 | 0.00 | 20.00 | 20.00 | 20.00 | 20.00 | 20.00 |

How To Determine Family Income Eligibility

Step 1: Identify Adjusted Gross Income (AGI) on tax form

Step 2: Determine family size and locate family's AGI on Annual Family Income Table

Step 3: Follow Family Income Table down table to determine percent of FPL for family

Step 4: For Co-Pay, locate family's percent of FPL on the Family Co-Pay based on Income Table

Step 5: Determine Co-Pay amount based on percent of FPL for binural or monural hearing aids, depending on need