**Section 352.APPENDIX B Substitute Care Fee Schedule**

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| SCHEDULE OF MAXIMUM MONTHLY FEES PER PERSON |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Annual Income Range | | |  | | Family Size | | | | | |
|  |  |  | | 2 | | 3 | 4 | 5 | 6 | 7 or  more |
| $ 7,000 | $ 7,500 |  | | $ 5 | | 0 | 0 | 0 | 0 | 0 |
| 7,501 | 8,000 |  | | 10 | | 0 | 0 | 0 | 0 | 0 |
| 8,001 | 8,500 |  | | 15 | | 0 | 0 | 0 | 0 | 0 |
| 8,501 | 9,000 |  | | 20 | | $ 5 | 0 | 0 | 0 | 0 |
| 9,001 | 9,500 |  | | 25 | | 10 | 0 | 0 | 0 | 0 |
| 9,501 | 10,000 |  | | 30 | | 15 | 0 | 0 | 0 | 0 |
| 10,001 | 10,500 |  | | 35 | | 20 | $ 5 | 0 | 0 | 0 |
| 10,501 | 11,000 |  | | 40 | | 25 | 10 | 0 | 0 | 0 |
| 11,001 | 11,500 |  | | 45 | | 30 | 15 | 0 | 0 | 0 |
| 11,501 | 12,000 |  | | 50 | | 35 | 20 | $ 5 | 0 | 0 |
| 12,001 | 12,500 |  | | 55 | | 40 | 25 | 10 | 0 | 0 |
| 12,501 | 13,000 |  | | 60 | | 45 | 30 | 15 | 0 | 0 |
| 13,001 | 13,500 |  | | 65 | | 50 | 35 | 20 | $ 5 | 0 |
| 13,501 | 14,000 |  | | 70 | | 55 | 40 | 25 | 10 | 0 | |
| 14,001 | 14,500 |  | | 75 | | 60 | 45 | 30 | 15 | 0 | |
| 14,501 | 15,000 |  | | 80 | | 65 | 50 | 35 | 20 | $5 | |

NOTE: These fees are maximum fees per month for each child in substitute care.

For each increment of $500 of annual income in excess of $15,000 the maximum monthly fees for the several family sizes shall be increased by $5, subject to the limitation imposed by Ill. Rev. Stat. 1981, ch. 23, par. 5005.1

SCHEDULE OF MAXIMUM MONTHLY FEES PER PERSON

However, no charges shall be assessed which in any manner jeopardize federal reimbursement.

Annual income shall be gross income as defined in Section 203 of the "Illinois Income Tax Act", as now or hereafter amended. (Ill. Rev. Stat., 1981, ch. 120, par. 2-203).

(Source: Amended at 7 Ill. Reg. 3175, effective April 1, 1983)