

Funding Sources

****** Call the site Program Coordinator for eligibility criteria.**

Adult Protective Services for Adult Day Health Area Agency on Aging for Adult Day Health/Caregiver Respite Centennial Care for Adult Day Health:

- BlueCross Blue Shield
- Molina
- Presbyterian
- United Healthcare

DD Waiver for Customized Community Supports Mi Via Self-Directed Waiver for Adult Day health Veterans Administration for Adult Day Health Private Grant Funding (as available)

Private Pay Rates

****** \$35 enrollment fee applies**

Share Your Care strives to make its services affordable to everyone. A Private Pay Sliding Fee Scale is made available to those individuals who are not eligible to receive government funded subsidized Adult Day Services and must pay the full price of the services. The sliding fee scale applies to services provided as noted on the Private Pay Contract with Share Your Care, Inc. and the client or the client's responsible pa1iy. The fee scale is subject to change after a 30-day written notification of such a change is provided to those who are engaged in a Private Pay Fee contract. Verified Annual Income determines rate. Proof of income will be required for pa1iicipation in the sliding fee scale program.

| Verified Annual Income |
|------------------------|
| At or below \$14,000 |
| \$14,001 to \$18,000 |
| \$18,001 to \$22,000 |
| \$22,00 l to \$26,000 |
| \$26,001 to \$30,000 |
| \$30,001 to \$34,000 |
| \$34,001 and over |
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