

2026 1:1 PEER SUPPORT SERVICES FEE POLICY

Overview of 1:1 Peer Support

- NAMI DuPage's One-On-One (1:1) Peer Support is an opportunity for individuals and families to schedule time to meet privately for a 50-minute session with a Recovery Support Specialist (RSS). Services are billed in half-hour (30-minute) increments thereafter.
- Clients who are economically challenged and unable to pay the standard fees for service are encouraged to apply for a sliding fee scale rate. **(application available upon request or is available online at namidupage.org).**
- No one will be denied 1:1 Peer Support services due to an inability to pay. This does not mean services are free; rather, fees are discounted to make peer support more affordable to individuals at all income levels.

1:1 Peer Support Fees

- All clients are required to make a nominal payment of \$40 at the time of the first consultation and \$20 for subsequent visits.
- Clients eligible for the sliding scale fee discount will pay reduced fees as outlined in the fee schedule.
- Clients must contact NAMI DuPage to cancel a scheduled appointment. As a courtesy, a 24-hour notice is requested to cancel or reschedule an appointment.
- Any outstanding balance must be paid prior to scheduling additional appointments. Exceptions may be considered on a case-by-case basis.

Payment of 1:1 Peer Support Fees

- Payment is required at the time of visit. Payments may be made by cash, check, or credit card*. Credit card payments are processed through Ensora or Square.

Eligibility for Sliding Fee Scale

- The sliding fee scale is based on household** income.
- The payment scale used by NAMI DuPage is based on income categories established by the U.S. Census Bureau in defining the Federal Poverty Level (FPL). FPL Guidelines are published annually by the Department of Health and Human Services.
- If deemed eligible for discounted fees, the client will be assigned a rating from the sliding scale income table (Appendix A), which will be applied to 1:1 meeting with an RSS for **one (1) year**.
- **Annual recertification of sliding fee scale eligibility is required.**

Income Verification for Sliding Fee Scale Eligibility

- Sources of income verification are listed in Appendix A.
- Income is verified during the intake process and annually thereafter.
- Clients with income over 200% of the FPL are not eligible for the sliding fee discount.

How to Apply for the Sliding Fee Scale

- A sliding scale application may be provided at any time upon request. A form is also available on our website (namidupage.org).
- At the time of application, all required income documentation must accompany the application.
- Standard fees will apply until the sliding fee scale application is received and approved.

**Credit card payments are preferred. If payment needs to be made via cash or check, please make arrangements with the Support Services Program Coordinator.*

***Income is defined as "gross" household income.*

Appendix A

2026 (04/01/2026 – 03/31/2027) Fee Schedule

Sliding Level	A (Standard Rate)	B	C	D	E	F*
Fee Schedule	100% of fees	75% of fees	50% of fees	25% of fees	10% of fees	0% of fees
Initial Consultation	\$40	\$30	\$20	\$10	\$4	\$0
Subsequent Consultations	\$20	\$15	\$10	\$5	\$2	\$0

*category limited to homeless

Sources of Acceptable Income for All Household* Members
(Please provide sources of income for 90 days)

Acceptable Sources of Income	Documents to be Provided
Wages/Salaries	Last 30 Days of Consecutive Paystubs
Social Security/Pension/Insurance/Annuity	Copy of Benefit Award Letter or Proof of Income Letter signed and dated by the agency that states that amount, frequency, and duration of the benefit.
Disability Income	Copy of current year Social Security disability benefits statement that states the amount, frequency, and duration of the benefit.
Unemployment Income	Copy of Benefit Notification Letter signed and dated by the State of Illinois indicating expected length of the benefit term.
VA Benefits	Copy of Benefit Award Letter or Proof of Income Letter signed and dated by the agency that states the amount, frequency, and duration of the benefit.
Cash Welfare Assistance	Copy of TANF (Temporary Assistance for Needy Families) award letter signed by the agency.

***NAMI DuPage chooses to use the definition of "Household" as defined by the Affordable Care Act:** "A 'Household' consists of a person filing an income tax return and those for whom he or she claims a personal exemption. These are generally those listed as dependents. If the person filling the return lives with others but is not claimed as a dependent by any of them, he or she would comprise a separate household. Unless the person has dependents, only his or her earnings would be considered in determining the household's income."

2026 FEDERAL POVERTY LEVEL (FPL) GUIDELINES – ANNUAL

Slide Level	A	B	C	D	E
Household Size	> 200% of FPL	> 150% of FPL	> 138% of FPL	> 133% of FPL	100% of FPL
1 person	\$31,920	\$23,940	\$22,024	\$21,226	\$15,960
2 persons	\$43,280	\$32,640	\$29,863	\$28,781	\$21,640
3 persons	\$54,640	\$40,980	\$37,701	\$36,335	\$27,320
4 persons	\$66,000	\$49,500	\$45,540	\$43,890	\$33,000
5 persons	\$77,360	\$58,020	\$53,378	\$51,444	\$38,680
6 persons	\$88,720	\$66,540	\$61,216	\$58,998	\$44,360
7 persons	\$100,080	\$75,060	\$69,055	\$66,553	\$50,040
8 persons	\$111,440	\$83,580	\$76,893	\$74,107	\$55,720

**For families/households with more than 8 persons, add \$5,140 for each additional person.*