

St. Clair County Community Mental Health Authority

**Ability to Pay**

**Administrative Hearing Disposition**

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Individual: \_\_\_\_\_ Case #: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Administrative Hearing Date: \_\_\_\_\_

Hearing Type: ☐ Face to Face ☐ Phone

Fee Determination Effective Date: \_\_\_\_\_

Persons Attending Meeting: \_\_\_\_\_

Current Client Complaint(s): \_\_\_\_\_

Agency Response: (Attach more paper if necessary): \_\_\_\_\_

Meeting Disposition: \_\_\_\_\_

☐ Resolved ☐ Withdrawn ☐ Pended ☐ Not Resolved

Disposition Discussion:

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Hearing Officer Signature

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Individual/Responsible Party Signature

Cc: E.H.R.  
CMH Program Director  
Finance Office