## St. Clair County Community Mental Health Authority

## Full Financial Review Income/Expense Analysis

Specialized Group Homes/Foster Homes or Inpatient >60 Days

Individual:		Case #:	
Responsible Party:(if other than above)		Payment Effective Date:	
1. ANNUAL INCOME OF		4. ANNUAL EXPENSES OF	
Gross Pay (Individual or Husband/Father) Also report Individual's Earned Income on	a. \$	4.a.  Current monthly SSI rate: \$  Less monthly Pers Allow:  Equals monthly Rm & Bd: \$  Enter monthly Rm & Board on Form # 116. (A)	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX
ŀ	).	Room & Board (4.a. x 12 mos) b.	\$
Gross Pay (Wife/Mother)	c. \$	Food, Clothing, etc. c.	\$
Other Income (e.g., SSD, SSI, SSB, AFDC, VA)	d. \$	Rent or House Pmt. (Inc. taxes & Insurance) d.	\$
•	e. \$	Utilities e.	\$
Total Gross Annual Income	f. \$	Maintenance f.	\$
	\$	Employment/Business Expenses g.	\$
2. AVAILABLE ASSETS	\$	Medical Expenses (net of insurance) h.	\$
Cash	a. \$	Transportation * i.	\$
Bank Accounts	o. \$	Insurance Premiums (life and medical) j.	\$
Stocks/Bonds/Other Savings	c. \$	Education Expenses k.	\$
Other (eg,CDs,Trusts)Type:	d. \$	Guardianship Fees (per Court Order) I.	\$
Total Available Assets	e. \$	Other Personal Debts Contracted Prior to Applying for Services m.	\$

**Automobile Payments** 

Specify:

Taxes:

Federal

State

**FICA** 

Other (List)

Other Installment Payments, List:

Payments Made Pursuant to a Divorce Decree or Court Order (Child Support/Alimony),

Unusual Expenses (documentation required)

n.

ο.

p.

q.|\$

r. \$ s. \$

t. \$

u.

\$

\*Transportation is completed by using 1) the IRS approved standard rate which includes gas, oil, insurance and all necessary maintenance for the vehicle, or 2) actual expenses. Cannot use a combination of both 1) and 2). Parking fees are in addition to 1) or 2). In households maintained for the individual, an annual amount of \$4,440 (\$370/month) effective 10-1-2022 per person (for those persons who the individual is responsible) may be used instead of actual expenses for food, clothing and personal necessities.

Clinical Form #03-0119 Revised Date: 7/1/2023

Policy Ref: #07-003-0030, #07-003-0035

**LIABILITIES AGAINST AVAILABLE ASSETS** 

(Documentation must be provided)

EHR: Administrative/Financial, Fee Determination/Payment Agreements, Residential Fee Determination

\$