

St. Clair County Community Mental Health Authority
Parent(s) Financial Determination for Minor Children (*Less Than 18yrs.*)
Receiving Specialized Residential Services

Date: _____

Name of Individual Receiving Services: _____

Case #: _____ Residential Home: _____

Taxable Income (MI State Income Tax Return, exclude step-parents' income and dependents):

a. Parent(s) Name: _____ \$ _____ Year _____

b. Parent(s) Name: _____ \$ _____ Year _____

TOTAL \$ _____

Fee from Public Mental Health System Ability-to-Pay Schedule: \$ _____

- I ☐ DO agree to pay \$ _____ per month.
☐ DO NOT agree to pay \$ _____ per month.

Check item below as explained.

- ☐ The monthly fee is due regardless of the length of stay in a given month up to the cost of services.
- ☐ The assessed fee is retroactive to the first day of service and thereafter is due during the first five working days of the month.
- ☐ You have 30 days to request and complete a new determination of your assessed fee based on a full review of your total financial situation. If you do not agree with the new determined fee, you have 30 days to request an appeal with the SCCCMH Hearing Officer.

Individual/Responsible Party Signature

Date

Parent #2 Signature

Date

Preparer Signature

Date